1-4-1	6		DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET		21201
		04809	CONTRACTOR OF THE PROPERTY OF	CERTIFICATE OF DE		04802
er death. funerol 1 ond 2 far deoth.		ECEASED-NAME First (ype or print) E444	- Donald	Airey	2a. DATE OF DEATH Month	2b. HOUR
the fur	3. 5	M	4. RACE		0-20 6. AGE (1 last, but	n years IF UNDER I 4 EAR IF UNDER 24 HRS. thday) YRS. MONTHS DAYS HOURS MIN.
n 24 haur illed in by papers 7	cani	BIRTHPLACE (State ar foreign Md	75. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED WIDOWED DIVORCED		Md.
ad within 24 oletely filled corbon pape torbon pape		Annapolis	11. NAME OF HOSPITAL OR INS give street address is G	en Hesp	2a. USUAL OCCUPATION (Kind of luring most of working life, even	
ecuted with campletely ove corbon y event, with	130. gdm Rt	USUAL RESIDENCE (Where decease ssion) STATE 20A Md	sed lived, if institution: Residence before 13b, COUNTY AA CO			NUMBER Box 120A
cate be executed signature of completes femove even	14. 1	ATHER'S NAME First William F	Middle Lost Airey	1s. MOTHER'S MAIDEN Delma	NAME First Mullen	Middle Lost
physician en please en please oval, and	16a. Y	WAS DECEASED EVER IN U.S. ARM es, na Gunknawn) (If yes give v	AED FORCES? var ar dates of service)	17. INFORMANT Femily	Se	Address RM⊕
he deoth ce attending permit. The		Canditians, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF	mycours	Went de	APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH
OR ATTENDING PHYSICIAN: The low requires that the retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by the get 3 should be detached for use as the burial-transitied with the State Dept. of Health prior to burial, cremate		rise to immediate cause (o), (stating the underlying cause last, PART 2. OTHER SIGNIFICANT CO.	DUE TO, OR AS A CONSEQUENCE OF (c) NOTIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISE	EASE ORCONDITION GIVEN IN PART	I(o)
PHYSICIAN: The low re he hospital or attending this certificate has been elached for use as the leached for use os the Beat. of Health prior to be	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?	NO CAUSES OF DEATH	E FINDINGS CONSIDERED IN CERTIFYING 1?
ICIAN: pital or rifficote ed for u of Heal	MEDICAL CE	21a. ACCIDENT WAS UNDERLYIN or contributing cause of Deal (If either, notify medical exami	HOUR A.M. Month Day Yeor ner) P.M. 19		D (Enter nature of injury in Part	i ar Part 2, Item 18.)
DING PHYSICIA I by the hospita After this certific be detached to State Dept. of P	M	While Not while at work	COFFICE BUILDING, ETC.	TORY.) 21f. LOCATION Street or !		Caunty State
TENDING ined by the OR: After ould be do		saw the derensed a	is hospital) attended the decease live an 4/1/2/2/2011 e, (1) (we) (did) (did nat) view the	9 end that in (my) (e	, 19 4/, ta 4/// opinian death occurred	on the date and haur and fram the
D HOSPITAL OR ATTENI Poge 4 moy be retuined o FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22b. SIGNATURE	in Lelis m	D DEGREE PHYS.	MED. STAFF PHYS.	22c DATE/SIGNED / 69
TO HOSPITAL Page 4 moy be file conditional page 5 should be file			STER LEDU	22e. ADDRESS	119 med.	ARTS BLdG
TO HO To Page Shore		BURIAL, CREMATION, REMOVAL (Specify) 23b.	7/1_69	CEMETERY OR CREMATORYPK	23d LOCATION (City or Glen Burns	Le AA Co Md
VR A15 () 5) //	FUNERAL DIRECTOR Cully F	H. V39 fata	psi ave A	PR 3 0 1969 25b.	REGISTRAR'S SIGNATURE

RABUTE ARGS LEASE STAIL INCLINISTRACTO FOL SILAFTII

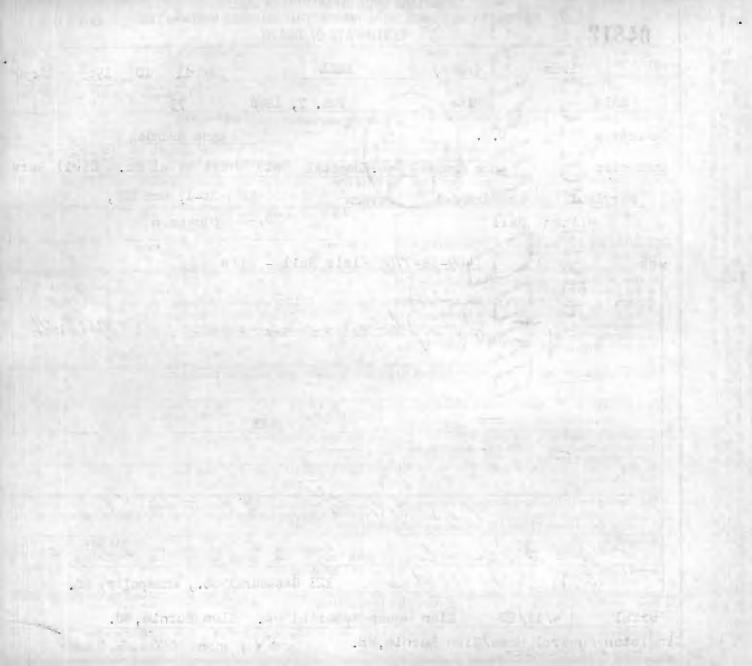
THE PROPERTY OF STATE OF THE STATE OF S 1 1 11 1

<u>↓</u> 1	04810 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04803
# - # . # .	1. DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR
er death funeral s 1 and ter death	(Type or print) George M.S. Albertsen, Sr. April 24, 1969 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years If UNDER 24 HRS
I haurs after of the function	male cauc. Jan. 31, 1901 68 yrs.
Page 1	7a. BIRTHPLACE (State or foreign country) Norway 7b. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED Anne rundel
and campletely filled in the funeral remove carban papers. Pages 1 and 5 n any event, within 72-hours after death	10. CITY OR TOWN OF DEATH 13. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work done during most of working life away if relied) 12b. KIND OF BUSINESS OR during most of working life away if relied) 1ND ISTRY
npletely e carbo	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c; CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER
and cample remove ca in any event	14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Lost
e be	Gabriel Albertsen Marie L.N.U.
certificate by physician then please naval, and i	16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 24-05-0417 Peter D. Albertsen Annapolis, Md.
the death the death the attending the attending the matter, at rem	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF cine to immediate couse (a), stoting the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF (c)
OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by ge 3 shauld be detached far use as the burial-transled with the State Dept. of Health priar ta burial, created with the State Dept.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
The katten has the seas as the price of the	YES NO CAUSES OF DEATH?
ICIAN: pital ar rtificate d far u of Heal	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year [If either, notify medical examiner] P.M. 19
b PHYS he has this ce detache Dept.	21d. INJURY OCCURRED While Not while of wark of wark
Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta	22a. I certify that (I) (this haspital) attended the deceased from 4-1, 1967, ta 7-24, 1967, that (I) (1) saw the deceased alive an 1967, and that in (my) (aur) apinion death accurred an the date and havr and from the causes stated above, (I) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
OR AT be reto DIRECTO	226. SIGNATURE ATTENDING MED. STAFF 226. DATE SIGNED 4-25-69
TO HOSPITAL Page 4 may 1 TO FUNERAL C directar, pag shauld be file	22d. PHYSICIAN'S NAME (Type) Barber C. Palmer Jr., M.D. 22e. ADDRESS 121 Cathedral St. Annapolis, Md. 21401
Page O Ful direct shau	23d. BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR (REMATORY 23d. LOCATION (City or Town) (County) (State) Cremation 4/26/69 Ft. Lincoln Washington D.C.
VR A15 PA	24. FUR AVEREGES E. Hopping 3 ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE HOPPING FUNERAL HOME - Anna polis Ma. 1 PAPP 2 G: 1969 VTL.

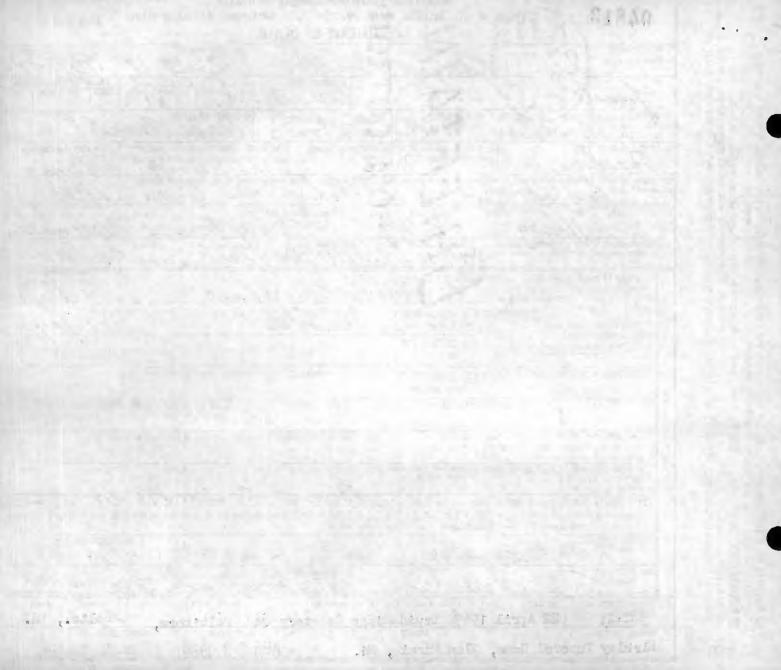
MAKYLAND STATE DEPARTMENT OF HEALTH

13340				
			· Per ye had	
	5.		+	
			eta Injeries	
elen.	or an age.			
	TOW WORT	al. 00	Acadymetra 2	The state of
				*.
		Arriva de la companya della companya de la companya de la companya della companya		
lik -				
	30 11			
	Gign of Williams			

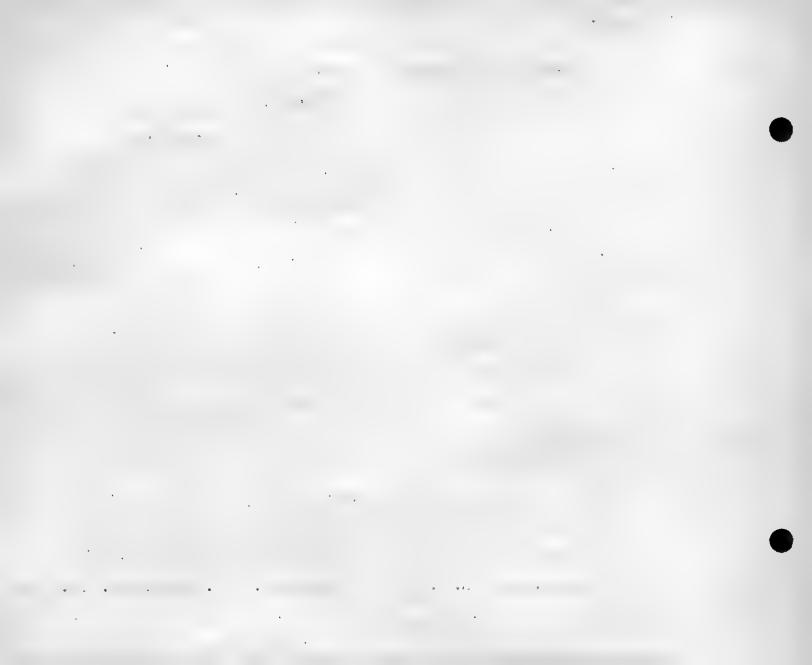
			First	Middle	CERTIFIC	Last		a. DATE OF DEATH			2b. HOUR
ł	(1	ype or print) Tiv	is	(none)		BELL		April	th 10 Day	1969	12:30
I	3. SE		4	1. RACE		S. DATE OF BIR	RTH	10 A(z)	In vents	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.
J		Male		White			7, 1896	(2	rthday) YRS.	MONTHS UATS	HOURS MAK
١	7a. B	IRTHPLACE (State or foreign try) ennessee	7b.	CITIZEN OF WHAT COUNTRY?		NEVER MARI	KILD	OUNTY OF DEATH			
ł		TY OR TOWN OF DEATH		U.S.	WIDOWED NSTITUTION (IF n	The same of the sa	CED ISUAL OF	Anne Ar	undel	12b. KIND OF	Mc DISTINECT OR
	A	nnapolis		anne Arundel	Gen. Ho	spital	Avere yours	Heer Met	arime.	INDUSTRY	1 Serv
2	13a. admi:	USUAL RESIDENCE (Where de ssion) STATE Maryland	ceased li	ved, if institution: Residence before 13b COUNTY Anne Arundel	Sever	TOWN	YES NONE CITY LIMITS?	Rt-1,		3,	
I	-	ATHER'S NAME First		Bell Last	15	. MOTHER'S MA	IDEN NAME First	(Unkno	Middle		Last
Ì		WAS DECEASED EVER IN U.S.		FORCES? 16b. SOCIAL SECURITY	'NO. 17. I	NFORMANT			Address		
	V	es, na, ar unknawn) (if yes 185	W 1	409-28-7	7709 E	lsie Be	11 - Wi	fe			
		1B. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	f only on	ne cause per line far (a), (b), and (a).)					BETWEEN O	MATE INTERVAL INSET AND DEATH
		11 2 / O IMN	EDIATE C	AUSE (a)	- ,					8	day
ı		Conditions, if any, which ac	1001 T	DUE TO, OR AS A CONSEQUENCE O	/					222	111
П		rise to immediate cause (DUE TO, OR AS A CONSEQUENCE OF	nor	-car	cos			1116	nus
		stating the underlying caulast.	ise ((c)							
		PART 2. OTHER SIGNIFICANT	CONDITIO	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL	DISEASE OR CONDI	ITION GIVEN IN PART	1(0)		
	CERTIFICATION	19a. DATE OF OPERATION	9b. COND	DITION FOR WHICH OPERATION WAS P	ERFORMED	20a. AUTOP	SY?	20b. IF YES, WER	E FINDINGS CO	NSIDERED IN CI	ERTIFYING
	E					YES 🔲	NO KK	CAUSES OF DEAT			
	¥	21a. ACCIDENT WAS UNDER ☐ OR CONTRIBUTING ☐ CAUSE OF (If either, natify medical ex-	CEATH	11b. TIME OF INJURY HOUR A.M. — Manth Day Yea P.M.	21c. Hd	OW INJURY OCC	JRRED (Enter nati	ure of injury in Part	1 or Part 2, It	tem 18.)	
ı	ME	23d INJURY OCCURRED		E OF INJURY (AT HOME, FARM, STREET, F.		CATION Street	or R.F.D. No.	City or Town		County	State
I		While Not while at work				- 1	- /-	,			
		22a. I certify that (I)	(this he	aspital) attended the decea	ed from	7	, 1928	, to	0,195	9, that	(I) (we) las
1		sow the deceaser	a alive ave. (1)	(we) (did) (did nat) view the	body after	i thát in (my feath.	r) (our) opiniar	n death occurred	on the dat	e ond hour	and from the
1	1	22b. SIGNATURE	1/	201/11					22c, D	ATE SIGNED	
1		1/10m	6/	Musta	DEGR	EE PHYS.	G MED. DIRECT	TOR D STAFF	0 4	1/2 6	9
		22d. PHYSICIAN'S NAME (Type)	2-	3/4/1/1/	4	22e. ADDR 121	Cathedra	al St., A	mapol:	is, Md.	1
ľ	23a.		3b. DATE		CEMETERY OR			d. LOCATION (City at		(Caunty)	(State)
						1emoria		Glen Bur	-		
1	24. F	UNERAL DIRECTOR	ral,	Home/Glen Bur	nie,Md		DATE TO 1		REGISTRAR'S	SIGNATURE CALLE	
40		- Chest	w	211,			DISTE 1	June /	Marian Maria	The Cheering	27



2 1	1	04813 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04806
	ı	CERTIFICATE OF DEATH
death. neral and 2 death.		ECEASED-NAME (Type or print) Pala Lillian Bendler (2a. DATE OF DEATH. (2b. Mapto 1800) 1800 1800 (6P. M.
executed within 24 haurs after death. In completely, filled in by the funeral emove carbon pares. Pages 1 and 2 any event, within 72 bours after death.	3. S	Temale White May 13, 1887 loss birthday) YRS. MONTHS DAYS HOURS MIN.
24 haur	7a. cou	BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVERMARRIED 9. COUNTY OF DEATH OTHER OF WILLIAM WILLIAM DIVORCED NOT DIVORCED MACHINE OF WHAT COUNTRY? MIDOWED DIVORCED NEVERMARRIED MACHINE OF WHAT COUNTRY?
d within 24 ereby, filled orbon pure		CITY OR TOWN OF DEATH OR SAUCULA, Made of Hospital OR INSTITUTION (If not in hospital during most of warking life, even if settred.) 12. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of warking life, even if settred.) 12. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of warking life, even if settred.)
secuted with	adm	USUAL RESIDENCE (Where déceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER States STATE Maryland 13b. COUNTY Come County C
9 5 = =		FATHER'S NAME Prist Middle Conling 15. MOTHER'S MAIDEN NAME First Middle Last Last Many Frances Mersenhelder
physicials oval, and is		(vas. Deceased Ever In LLS. ARMED/FORCES? 16b. SOCIAL SECURITY No. 17. INFORMANT Mary Heal Pasadeus Med.
at the death of the attending sit permit. The matian, ar rem		IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
law requires that to nding physician. been signed by the stee burial-transition for ta burial, cremation to the burial, crematical, crematical	N	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
AN: The law rall of a conting and a conting to the conting to the conting to the Health prior to	CERTIFICATION	19a. Date of Operation 19b. Condition for which operation was performed 20a. Autopsy? YES NO 20b. IF YES, Were findings considered in Certifying Causes of Death?
PHYSICIAN: 1 he haspital ar this certificate letached far us & Dept. of Healt	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. 19
G PHYSIC the haspi this certi detached ie Dept. o	W	21d. INJURY OCCURRED While Not while at wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) OFFICE BUILDING, ETC. 21f. LOCATION Street or R.F.D. No. City or Town County State
ATTENDING PHYSICIAN: The law re retained by the haspital ar attending ECTOR: After this certificate has been 3 should be detached far use as the with the State Dept. of Health prior ta		22a. I certify that (I) (this hospital) attended the deceased from 1924, 1924, to 1924, 1924, that (I) (we) last saw the deceased alive on 1924, and that in (my) (eur) opinion death occurred an the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body after death.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-translated by shauld be filed with the State Dept. of Health prior ta burial, and		22b. SIGNATURE DEGREE ATTENDING MED. STAFF DIRECTOR DIRE
HOSP oge 4 FUNEI Girector shauld	230	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gry or Town) (County) (Stote) REMOVAL (Specify) 22 April 1969 Druid Ridge Cemetery Baltimore, Balto., Md.
2 2 VR A15 4 30M REV. 1166	24.	FUNERAL DIRECTOR RELATION 22 April 1969 Druid Ridge Cemetery Baltimore Balto., Md. FUNERAL DIRECTOR 250. RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE RECT BY RECT BY REGISTRAR'S SIGNATURE RECT BY RECT BY RECT BY RECT BY RECT BY REGISTRAR'S SIGNATURE RECT BY RECT
		- Institute to 1909 from the title



						DEPARIMENT (
7.2		04814		DIVISION OF VITAL RECO		CATE OF DEAT		YLAND 21201	0490	7
E E		ECEASED NAME	First	Middle		Lost	2o. DATE OF			2b HOUR
hours after deoth n by th femerals. rs. Poges Cond hours after deoth			Freddie		rd I	Boswell		Month Doy	7-69	A. M
事	3. 5			4. RACE		S. DATE OF BIRTH		6 AGE (n years		HOURS MIN
Pog th	<u>_</u>	M		W		2/26/191		last birthdoy) YRS.	WONTHS DATA	HOCK? WIN
hours in by theres. 2 hours	70 cou	BIRTHPLACE (Stote of	foreign 7	b. CITIZEN OF WHAT COUNTRY?		NEVER MARRIED	9. COUNTY OF	HTABO		
Illed in the papers.	10	CITY-OR TOWN OF DE	ATU	11 NAME OF HOSPITA	WIDOWED			Arundel		Md.
completely filled to yevent, within 7 yevent, within 7	10	The common of	Ala -	give street elidress)	Zer 1		USUAL OCCUPATION (12b KIND OF BI	USINESS QR
olerely corbon	,30.	USUAL RESIDENCE (Where deceosed	lived, if institution Residence	setore 3.30 CITY OF	TOWN 3d INSIDE	(III . IIII) 13e STR	EELAND NUMBER	Marken 11	uniego
omplower cover	odr	ission) STATE	Mal	13b COUNTY	SEVER	1/-	NO 50 /2	PI BIL	138	
oe execute and comp remove in any eve	14	FATHER S NAME	Frst Off	Middle R	Lost	S. MOTHER'S MA DEN NA	ME First	Middle	-	Lost
on on or	160	WAS DECEMSED EVER	R IN U.S. ARMEE	FORCES? 16b. SOCIAL SEC	HOSEY NO. 12	INFORMANT	l-sl-	Course		
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 be retained by the hospital or attending physician. **IRECTOR: After this certificate has been signed by the attending physician and completely filled in a should be detached for use as the buriol-transit permit. Then please remove corban papered with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72.		es, no, or worknown		produces of service)	SKIT NO.	Main He	gin	Address	well	-alme
ot the deoth cer the attending p nsit permit. The motion, or remo		18. CAUSE OF DEA	TH (Enter only	one cause per ne for (a), (b) (3)	and (c))		0 -	Δ.	APPROXIMA BETWEEN ONS	TE INTERVA. ET AND DEATH
endi mit.		LL 10 9	IMMEDIATE	CAUSE (0)	t my	cordial	who	relion		
he c per ion,		770		DUE TO, OR AS A CONSEQUEN	CE OF	4. (7)	17-	/ 1 -	1	٠
of the most	ı	Conditions, if ony, use to immediate		(b)	rocker	the laws	divone	war Dre	case few	mont
equires that the physician. signed by the buriol-transit buriol, cremat		stating the underl	ying couse	DUE TO, OR AS A CONSEQUEN	ICE OF				1	
quir phys signe surio		PART 2 OTHER SIG	NIFICANT CONDI	TIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISEASE	OR CONDITION GIVEN	IN PART 3(o)		
ing ing ing to t	2									
AN: The law re ol or attending icate has been for use os the Health prior to	CATION	190 DATE OF OPERA	TION 19b. CO	NOTION FOR WHICH OPERATION	WAS PERFORMED	20o. AUTOPSY?	5441454	res, were findings o	ONSIDERED IN CER	TIFYING
The pratty of the party of the	CERTIFI							OF DEATH?		
AN: olo olo ficata for Hea		210 ACCIDENT WAS		21b. TIME OF INJURY HOUR A.M. Month Doy	Yeor 21c. H	OW INJURY OCCURRED	Enter noture of injury	in Port 1 or Port 2,	ltem 18.}	
SSpit Spit Bed Lof	MEDICAL	(If either, notify mi) P.M.	19					
O HOSPITAL OR ATTENDING PHYSICIAN: The law rappes 4 may be retained by the hospital or attending of FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use os the should be filed with the State Dept. of Heasth prior to		White Not while		↓ OFFICE BUILDING, E		OCATION Street or R.F.C		r Town	County	Stote
ING by t ffer be c Stote		22a. I certify t	hot (I) (this	hospital) attended the de	ceased from	pril 19	1969_, ta_A	or11 27, 19	69 , that (I) (we) last
ENC ned R: A uld the		sow the d	eceased oliv ted above f	l) (we) (did) (did nat) view	the bady after a	d that in (my) (our) death	apınion death o	curred on the do	ite ond hour a	nd from the
CTO Sha		22b. SIGNATURE	104 40010/1	, the fund fund half the	v ine bady arrei			22c	DATE SIGNED	
OR DIRE		(Kay	m	Smith m	Degr.	REE PHYS	MED DIRECTOR		28/69	
TAL TAL C		22d. PHYSICIAN NAME (Type)	2. 17			22e. ADDRESS		_		
HOSPITAL OR ATTENDING age 4 may be retoined by frunERAL DIRECTOR: After irector, page 3 shauld be dhould be filed with the Stote		- V		Smith, M. D.			f. Bldg.,		k., Md.	21146
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retoined by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, poge 3 shauld be detached for use os the Stould be filed with the Stote Dept. of Health prior to the stook of the st	230	BURYAL CREMAT ON SEMOVAL (Specify)	23h DA	30-69 23c. NA	HE OF CEMETERY OR	enkind	23d QCALION	(City of Town)	- (Codny)	(Stote)
VR AUSTLAN	24	FUMERAL DIRECTOR	10.	AE	DRESS ()	A1	D BY REGISTRAR	25b. REGISTRAR S		1.4
45M 969	1	that of	Bur	lance sever	na M	· half MAI	1 1969	golians	an Pradage	2



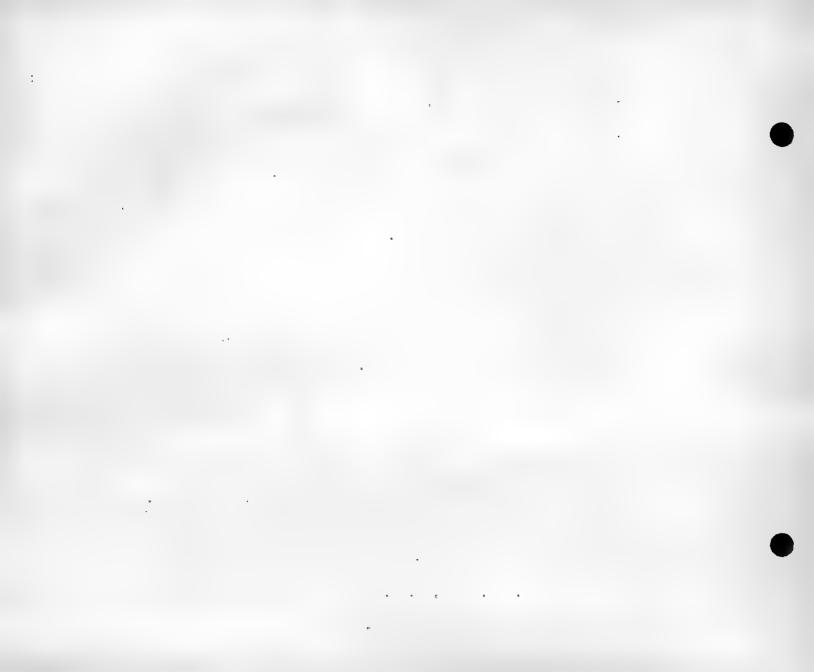
		MARYLAND STATE DEPARTMENT OF HEALTH	
N X	+	04815 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	04808
	L	CERTIFICATE OF DEATH	V X 7 () ()
ath.		ECEASED NAME Pirst Middle Last 20 DATE OF DEATH Type or print) PORTER Month Page 1	AGG 2b Hour
death. neral and 2 death		TODENT PILPON DREADY APPRIL	60 M
all distributions of the second	3. S	EX 4. RACE 4. RACE 5. DATE OF BIRTH 1897 6. AGE (In years IFU MON) YRS.	INDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN
a la		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
d ir	cau	BALTIMORE USA. WIDOWED DIVORCED ANNA HRUNDE	L Md.
filled n pape		CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital during hosp of warking life even if retired) If not in hospital during hosp of warking life even if retired in the street oddies of the life even if retired in the life even in th	26 KIND OF BUSINESS OR INDUSTRY
wij	_	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. WISIDE CITY LIMITS? 13e. STREET AND NUMBER	CONSTRUCTION
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifium by executed within 24 haurs Page 4 may be retained by the haspital ar attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers per should be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 have	odm	136 COUNTY A. SWERNA PK YES NO ES COLCHESTER ON	SEVERN
and or remin any	14.	FATHER'S NAME FIRST Middle Last S. MOTHER'S MAIDEN NAME FIRST Middle	Lost
ign light	160	WAS OFCEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT	
ATENDING PHYSICIAN: The law requires that the death celetinn		THE STANDE HYRE'S BREAD	y # 13
S L		18. CAUSE OF DEATH (Enter anity one cause per line far (a), (b), and (c),) PART I, DEATH WAS CAUSED BY APPENT COLEDOSTS CENTEDALTZED	APPROXIMATE INTERVAL BETWEEN DISSET AND DEATH
deat mit.	П	IMMEDIATE CAUSE (0) ARTESTED TO THE CAUSE (0)	
tion trian	П	Ganditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF	
at the nsit j		rise ta immediate cause (a). (b)	
quires that t' physician. signed by the burial-transit	П	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
urra gne urra	L	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
The law requires the attending physician, has been signed by se as the burial-traith priar ta burial, cre	_	1,00	
law Pendilaw Is the	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. 1F YES, WERE FINDINGS CONST	
The affer has see of the p	IĔ	YES ☐ NOXXCOCONE T NO TIFIE	
AN: If ar cate ar u		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item Port Contributing Cause of Death HOUR A.M. Month Day Year	18.)
of the state of th	MEDICAL	(If either, notify medical examiner) P.M. 19	
OR ATTENDING PHYSICIAN: be retained by the haspital ar DIRECTOR: After this certificate is 3 should be detached far u ed with the State Dept. af Healt	2	While I Not while I (OFFICE BUILDING, ETC. /)	aunty State
at the deliberation		Id work — at work — I	4h e \ (1) (\ 1 - \
Afte Afte Store	ш	22a. I certify that (I) (this hospital) attended the deceased from death , 19 , to , 19 sow the deceased of th	, mar (i) (we) last
OR:	L	todas stated above, (i) (we) (aid) (aid hot) view the body after addition	
R AI		22b. SIGNATURE 22c. DATE ATTENDING XX MED STAFF 22c. DATE	SIGNED
DIR DE		1 WOMEN'S CA (WAY TO BE PAIS DIRECTOR DE PAIS.	13 03
PITA may RAL r, po		PHYSICIAN'S 22e. ADDRESS SEVERNA PARK, MARYLAND SEVERNA PARK, MARYLAND)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law ra Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health priar ta	230	BURIAL CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (Gity or Town) (C	aunty) (State)
5 이 이 한 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등	1	SEMONA SACRETY APR 16 1969 BALTIMORE NATIONAL BALTIMORE	IVD.
VR ALS MA	24.	FUNERAL DIRECTOR ADDRESS ADD	
-0"	W	OHN WE WILL SOME HONNING FIST WHEN IN TO 1000 &	1





	_ `	la l					D STATE DEPARTMENT OF				
	2	\mathbb{R}		04817	DIVISION		301 W. PRESTON STREET, BA		RYLAND 21201	048	. 0
	Section .	1		47 4 (5 ja, 0			CERTIFICATE OF DEATH			030	3 17
	EN ACE			CEASED-NAME First		Middle	Lost	2o. DATE OF	DEATH		26. HOURA
	SA ERE		£1.	(pe or print) Cla	ra	Ann	BR OWN	Apri	Month 29,	1969 Year	6:05
	\$ \$ \$ \$ \$		3. SE	(4 RACE		S. DATE OF BIRTH		6 AGE (In years	IF JNDER 1 YEAR	IF JNDER 24 HRS.
	the the safe			Female		Negro	October 8,	1908	lost birthday)	MONTHS DAYS	HOURS MIN
	by by			IRTHPLACE (State or foreign	7b. CITIZEN O	F WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF			
	24 haurs after, deol ed in by the infra ppers. Pages 656 72 hours after deal		COUN	Maryland			WIDOWED X DIVORCED	Anne /	Arundel C	ounty	Md
	illeg pog		10 (TY OR TOWN OF DEATH		1 NAME OF HOSPITAL OR INS	T TOTION (If not in hospital 12a US	HAL OFF IDITION	(V 1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		BUS-NESS OR
	AN: The low requires that the death certificate be executed within 24 haurs aft all or attending physician. Exote has been signed by the attending physician orde-completely filled in by the for use as the buriol transit permit. Then please remove corban papers. Pages Health prior to buriol, cremotian, or remavol, and in any event, within 72 hours after			Annapolis		ave Armeder Arund	el General Hosp	most of working	life, even if retired)	INDUSTRY	
	orl ent,		13o.	SUAL RESIDENCE (Where deceos	ed lived, if no	titution Residence before	13c CITY OR TOWN 13d INSIDE CIT	TIMITS? 13e. STE	REET AND NUMBER		
/	executed emove cor any event	1 /	uum:	sion) STATE Marylan	d 130 AYYY	e Arundel	Severna Park YES -	NO Box	x 144, Rt	. 1	
1	2 2 5	i i	14 F	WERS NAME . Fist	Mad	le Danst	. IS MOTHERS MAIDEN NAME	First	Middle	7 1 1	Lost
	d in		17	00111	_14_	1) (6(1)	1 x all	l	12 66	11	
	cate sicra pleas			WAS DECEASED EVER IN U.S. ARA	MED FORCES?	166. SOCIAL SECURITY I	O. 17 INFORMANT	0 .	Address		Maria
	require that the death certificate by physician. In signed by the attending physician bur of transit permit. Then please o burial, crematian, or remaval, and in		- '	2, 110, 07 01.01101717			Crosly	15/UM	2077/444	rens	101910
	ng l			18 CAUSE OF DEATH (Enter on	ly one cause p	er line for (o), (b), and (c)				APPROX W BETWEEN ON	NATE NIERVAL NSEF AND DEATHL
	eath			PART I DEATH WAS CAUSEI IMMEDIA) BY NTE CAUSE (o) "		emia			6 n	months
	offi offi on,			400 X	DUE TO,	OR AS A CONSEQUENCE OF					
	the the soft profile			Conditions, if ony, which gove a rise to immediate couse (a),	(b)_		rephroselen	Men .		10.	ylang
	tho on. by tran			stating the underlying couse	DUE TO,	OR AS A CONSEQUENCE OF				0	
, D	iquires the physicion. signed by bur of tran			lost	{c}		Hyperthise	Don .		20	years
10	HYSICIAN: The low requires the hospital or attending physician. Certificate has been signed by inched for use as the bur of traiting that of Health prior to burial, and			PART 2 OTHER SIGNIFICANT COM	IDITIONS CONT	RIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OF	R CONDITION GIVEN	IN PART 1(0)		9
N	low randing been s the ior to		8								
	le hor tence is by osso		CAT	19a. DATE OF OPERATION 19b.	CONDITION FOR	WHICH OPERATION WAS PE		CALICES	YES, WERE FINDINGS OF DEATH?	CONSIDERED IN CE	RTIFYING
	Thi or of use	_ 、	CERTIFICATION		A [YES NO	Xi .			
43	AN: olo olo cote for Hind			210 ACCIDENT WAS UNDERLYIN □ OR CONTRIBUTING □ CAUSE OF DEAT	G 216 TIM H HOUR A	E OF INJURY M. Month Day Year	21c HOW INJURY OCCURRED (En	ter nature of injur	y in Port 1 or Part 2	, Item 18.)	
1%	SICI Spite spite ed ed		MEDICAL	If either, notify medical exomit	ner) P	_ML 19					
		- 1		21d. iNJURY OCCURRED 21e. While Not while	PLACE OF INJU	RY (AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC.	TORY.) 21f LOCATION Street or R.F.D. N	lo City	or Town	County	State
	ING P			While Not while twork of work				,,,,	111		
4	Plant of the state	- 1		220 I certify that (I) (the	(letique	attended the decease	d from 1/ /8/ , 19	6.Y , to	4/28/,1	9 <u>67</u> , that	(1) (3 lost
	ned ned the			couses stated above	, (1) (1965) (a)	(d d not) view the	d from	pinian aeain a	ccurred arrine o	lote and nour c	and from the
	AT Short Sho			226 SIGNATURE	1	0///			220	DATE SIGNED	
	OR be red v			Buc	han	1 E-Cook	DEGREE PHYS	MED DIRECTOR	STAFF PHYS.	1-29-	69
	AL OY Pogg			22d PHYSICIAN'S			22e ADDRESS		/		
	Page 4 moy be retorned to FUNERAL DIRECTOR: A director, page 3 should be filed with the			NAME (Type) Ri	chard E	Cook, M.	D. 20 Dean S	Street, /	Annapolis	Maryla	nd
	Page of Fundamental		23o	BUR AL, CREMATION, 23b	DATE	23c AME DEA	EMPTERY OR CREMATORY	23g 20CATIO	N (City or Town)	/((ounty)	16 Olay
	22 2 2		1	5 Milal	: 2-1	169 11/1	4 caren	16627	YUC-CC	//	ICE .
	VR AIS	1/	24 F	UNERAL DIRECTOR	100	A A JADDES	M 1250 VIII	BY REGISTRAR	2Sb REGISTRAR	S SIGNATURE	ma A.
	45M - N	69	11	LLLCOM	136	REHALL	12 Chilles DATE	30 136	1	0	

. . .



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04811 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DERT. 1 DECEASED-NAME Middle 20 DATE KNOWNET Month Doy 25 HOUR (Type or Print) ESTI-1805 rowid. DEATH MATED 4 RACE S. DATE OF BIRTH 6. AGE (in years 3 SEX 2d HOUR 2c DATE PRONOUNCED DEAD March 11,1902 Doy the State Deport 7c. BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Marvland USA HANR KRANDO WIDOWED TX DIVORCED [77] 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hosp tol 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working life, even if retired.)
Engineer 30 USUAL RESIDENCE (Where deceased lived, I institut on Residence before 13c. CITY OR TOWN 13d. INSIDE CITY JAN 157 13e STREET AND NUMBER odmission) STATE 13b COUNTY Anne Arundel GlenBurnie YES | NO [X] Md. 102 Doris Avenue certificate shauld be executed within 24 hours in Item 1 First 14 FATHER'S NAME Middle Lost 15. MOTHER S MAIDEN NAME First Middle Howard Brown Clara hours the Chief Medical Examiner's pages 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT pencil **ADDRESS** 215-09-1628 Mr. Joseph W. Brown Jr. 8621 Rock Oak Rd. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Surden burial-transit Conditions, if any, which gave rise to immediate couse (a). writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse _= PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) nsed 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗀 3 shauld be Ю 210 EXTERNAL CALSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street of R.F.D. No. City of Town County AT WORK AT WORK 22a I certify that I took charge of the remains described above, held on Autopsy ... Inspection . Inquiry' ond in my opinion Suicide . Homicide Undetermined monner death resulted frame. Natural causes Accident . CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 5 may ro FUNE Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) 23d LOCATION (City or Town) 230 BUR AL CREMATION, 23c NAME OF CEMETERY OR CREMATORY (County) (Stote) 4/14/69. Parkwood Cemetery Baltimore. Md. 24 FUNERAL DIRECTOR **ADDRESS** 250 REC D BY REGISTRAR Leonard J. Ruck, Inc. Balto. Md. 21214 VR A15ME (3) 10M REV 1/6



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04812 04819 CERTIFICATE OF DEATH death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, if institution. Residence before admission) o. STATE o. COUNTY b. COUNTY AA Co MARYLAND executed within 24 hours after b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) completely filled in by the ove corbon papers. Page y event, within 72 hours a write RURAL and give nearest town)
Glen Burnie Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS North Arundel Gen Hosp 4401 YES NO ST - 4th St NAME OF remove corbon 4. DATE Day Year DECEASED (Type or print) Rawlings K Bucy DEATH JNDER I YEAR 7 MARRIED 8 DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS NEVER MARRIED (as birthday) Months Davs Hours May 5,1908 DIVORCED cremotion, or removal, and in ony WIDOWED Female 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT law requires that the death certificate be /sician a pleose duringtmost of working the even if retired) INDUSTRY COUNTRY? W.Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME phy en en Sarah Herold Robert Lee 1S WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service Albert J Bucy 4401-4th St No INTERVAL BETWEEN by the 18. CAUSE OF DEATH (Enter only one couse per ling for (o), (b), and (c).) nas been signed by the e os the burial-transit propriet to burial, cremotive PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) by the hospital or attending physician DUE TO Conditions, if ony, which gove rise to mmediate couse (a). stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been director and a should be detached for use as the WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Heolth NO X 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18) 20o ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (Stote) 20c TIME OF IN JRY Month, Dov. Year foctory, street, office bldg., etc.) hour o.m. Not While While ot work L.J at work 21. I certify that (1) (this haspital) attended the deceased from be retoined director, page 3 should should be filed with the saw the deceased alive an and that death occorred at an the date stated above. causes and 22o. SIGNATURE 22b DATE SIGNED ATTENDING STAFF M.D DIRECTOR PHYS. PHYS 22d. ADDRESS TO HOSPITAL (Page 4 may b 22d HYSICAN NAME Type) 23bV DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) BURIAL, CREMATION (County) REMOVAL (Specify) 4/5/69 Glen Haven Mem Pk Glen Burnie AA Co 2So. REC D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 DATE AP



- 1	MARTLAND STATE DEPARTMENT OF HEALTH
	04820 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
l	
ľ	DECEASED-NAME (Type or print) WINIFRED Clayton CARR 20. DATE OF DEATH April Month 28, Day 969 Year 9:30 M
3	SEX. 4 RACE S DATE OF RIDTH 6 ACE (SO LADORS IN MORE) VERD IN AUTOR OF MORE
L	TEMBLE WHITE APRIL 3 1904 loss bythday) YRS MONTHS DAYS HOURS MIN
7	O. BIRTHPLACE (State or fare gn 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
Ļ	OCITY OF TOWN OF DEATH 11 NAME OF HOSPITAL OF INSTITUTION (If not in bospital 1/20 USUAL OCCUPATION (Kind of work door 1/2) M. M. D. OCT OWN OF DEATH
	ANNAPOLIS MAD SATTOREN. HOSFT. DELTO GES &
a	30. JUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3d INSDECT JUMISS 13e STREET AND NUMBER drissian) STATE 13b. COUNTY TWEE PRUVER HOURS YES NOW 9 SHIPWEI CHT ST
1	4 FATHER'S NAME First Middle Last IS MOSHER'S MAIDEN NAME First Middle Last
ļ.,	DAMUEL V. CARR ROJALIE PORTER
Ľ	60 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, 90, or upknown) (1 vas give wor or dotes of service) 16b SOCIAL SECURITY NO 17 INFORMANT MRS. J. ROLLA Howes 4 13
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY APPROXIMATE INTERVAL BETWEEN ONST AND DEATH 1 0 0
	IMMEDIATE CAUSE (0) trule regressional terferrite Musics
l	Conditions, if any, which gave
ı	rise to immediate cause (a). stoting the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF
ı	last (c)
l	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
-	Syrryo myelin .
The same	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? YES NO CAUSES OF DEATH? 21a ACCIDENT WAS UNDERLYING 21b TIME OF INVIEWY 21c HOW INVIEW OF INVIEWY 21c HOW INVIEWY OF INVIEWY 21c HOW INV
2,011	[If either, notify medical examiner) P.M. 19
	21d. INJURY OCCURRED While Not while of work o
	22a, 1 certify that (1) (this haspital) attended the deceased from 4// 19.63 to 4/25 10.69 that (1) (1) (1)
	22a. I certify that (I) (this haspital) ottended, the deceased from 41, 1963, to 4125, 1969, that (I) (we) lost saw the deceased alive on 1997, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did not) view the bady after death.
	causes stoted abave, (1) (we) (did not) view the bady after death.
	226 SIGNATURE General Church DEGREE PHYS DIRECTOR DIRECTOR DIRECTOR PHYS DIRECTOR PHYS DIRECTOR PHYS DIRECTOR D
	22d PHYSICIANS (GENARO CHURCH) 22e. ADDRESS 121 CATHED MYZ ST HANNOUS MA
2	DEMONSIA, CREMATON, 23b DATE 23c NAME OF CEMETERY OF CREMATORY 23d JOCATION (City or Town) (County) Islate) SEMONSIA, CREMATON, 1969 ST. AUNE'S CEM. AND APOLIS M.D.
2	FUMERAL DIRECTOR ADDRESS 2SO REC D. BY REGISTRAR C 2SD REGISTRAR'S SIGNATURE
1	10HN IN. AYLOK SONS HNNAPOUS /VID DARENT I 1000 1



1 1		01001	MAKTEAN DIVISION OF VITAL PECOPDS	O SIAIE DEPAKIMENI U	ALTIMORE, MARYLAND 21201	
'		04821		CERTIFICATE OF DEAT		04814
and 2		CEASED-NAME First	Middle	Last	20. DATE OF DEATH	2b. HOUR
		CLARA	NMT	CARROLL	APRIL 24	1969 4:00AM
	3 SE	X	4 RACE	S DATE OF BIRTH	6 AGE (In years	FUNDER 1 YEAR OF JINDER 24 HRS. MONTHS DAYS HOURS MIN
/		FEMALE	CAUCASIAN	OCTOBER 2	1887 Strinday) YRS.	WOWILLS INTE WINE WINE
	7a l	frv)	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
		MARYLAND	U.S.	WIDOWED DIVORCED	ANNE ARUNDEL	Md.
,	A	ITY OR TOWN OF DEATH	give street address) NAVAI	HOSPITAL	USUAL OCCUPATION (Kind of wark dane in mast of warking life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY IFE
13	13a admi	USUAL RESIDENCE (Where decease ssian) STATE MAKYLAND	ed hved, if institution. Residence before 13h COUNTY ANNE ARUNDEL	ANNAPOLIS 13d INS DE YES TO	NO 46 BLOOMBURY	SQUARE
7	14. F	ATHER'S NAME First	Middle Last	15 MOTHERS MAIDEN NA		Last
1		JAMES	THO	MAS LAURA	V. C'how	
	16a Y	WAS DECEASED EVER IN U.S. ARM es, na, ar unknown) (If yes give wa NO	ED FORCES? or or dates of service) 29-54-2	a se de suid	CARROLL RFD1 BX522	, Anna.Md.
		18. CAUSE OF DEATH (Enter ani	y ane cause per line far (a), (b), and (c)			APPROX.MATE INTERVA. BETWEEN DISET AND DEATH
		PART I. DEATH WAS CAUSED IMMEDIATE	TE CAUSE (a) CARCINO	MA OF THE COLON		
		1	DUE TO, OR AS A CONSEQUENCE OF			
		Conditions, if any, which gave rise to immediate cause (a),	(b)			
		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
		last.	(c)			
		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(a)	
	NO		ROTIC HEART DISEAS			
	CERTIFICATION		ONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
	ERTI	April 23.69	INTESTINAL OBSTRU		X.	
		DR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year		Enter nature of injury in Part 1 or Part 2, I	tem (8)
	MEDICAL	(If either, natify medical examination of the control of the contr	er) P M. 1	9	No. Character	6-1
		While Nat while at wark		CTORY.) 21f LOCATION Street or R.F.D.		County State
		22a. I certity that (I) (this	s haspital) attended the deceasive an	ed fram,]	9, ta19_ apinian death accurred an the da	, that (I) (we) last
		causes stated above,	(l) (we) (did) (did nat) view the	bady after death.	obusan again accorreg ay tue aa	ie and navi and from the
		226 SIGNATURE	DA		224. [DATE SIGNED
1		m/51	lorson M	DEGREE PHYS	MED. DIRECTOR PHYS. 24	April 1969
1		22d. PHYSYCIANS WAME (Type) TON B-		22e. ADDRESS		
		OUN DI	CLOSSON LCDR MC U		HOSPITAL, ANNAPOLIS	MAKILAND
	23a.	BURIAL, CREMATION, 23b. D. REMOYAL (Specify) 4-	28-69 4.5 N.	CEMETURY OR CREMATORY ACADEMY	230 LOCATION (City or Town)	(County) (State)
۵	24	UNERAL DIRECTOR	2 ADDRESS	2 2 2 PFG	D BY REGISTRAR CO 25by PROSTRAR S	SIGNATURE
D	Ac	fru M. Vay /4	THOUS Councys	als, Ma. DATE	1 2 0 1303	A Jan San



			MARYL	IND STATE DEPARTMENT	r of health	
11 T		04822	DIVISION OF VITAL RECORD	S, 301 W. PRESTON STREET	, BALTIMORE, MARYLAND 21201	04815
		04066		CERTIFICATE OF DE	ATH	2010
2 82	1 D	CEASED-NAME First	Middle	Last	20 DATE OF DEATH	25 HOUR A
after death the funeral ages i and a	(ype or print)	ıa E.	Carter	April Month 24 Doy	
ar d	3 5	Cecel-	4 RACE	IS, DATE OF BIRTH	6 AGF (In years	IF UNDER 1 YEAR F UNDER 24 HRS.
# 75%					last birthdayl	MONTHS DAYS HOURS MIN.
- S 3 5 5		Fernale HRTHP_ACE (State or foreign	75. CITIZEN OF WHAT COUNTRY?	3-19-2		<u> </u>
haurs In Haurs	cau	try)		8 MARRIED NEVER MARRIED		
24 appendix	10	Ty or Town of DEATH	U.S.	WIDOWED DIVORCED INSTITUTION (If not in baspital 1		Md.
be executed within and campletely fill; e remave carban pc	10. 1	IT OK TOWN OF DEATH	give street address)	וולוווטנוטוון איטנוווטאוו איטנוווטאוו	2a. USUAL OCCUPATION (Kind of work done sturing mostles weeking life eyes his retired)	12b. KIND OF BUSINESS OR INDUSTRY
with with with with with with with with	عيا	len Burnie	give street address) North Arun	del		Home Home
ple car		JSUAL RESIDENCE (Where deceases	sed lived, if institution. Residence beta 13b. COUNTY	Vre	NSIDE CITY LIMITS? 13e. STREET AND NUMBER	
cam		Md.	Anne Arundel	Millersv. LA	Walternone Ro	Box 282
em d	14	ATHER S NAME First	Middle Last			Lost
e be	L	John	Reusir	2	UNKNOWN	
a e e e	160	WAS DECEASED EVER IN U.S. ARI es, na pr. paknown) (If yes give y	and determine the second		Address	
certifical grehysicic Then plec moval, ar		", " no "	214-22-5	5479 Stanley	W _{eh} Carter – Husband	
ST JEE E		18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b), and D BY	(d) 19 - 1/10	/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
F - F - F - F - F - F - F - F - F - F -		PART I. DEATH WAS CAUSE	D BY ATE CAUSE (a)	HEUR	e auterior	
afte erry sn, c		4109	DUE TO, OR AS A CONSEQUENCE	OF THALL O SAME	dial Infare	4
# # # # # # # # # # # # # # # # # # #	ı	Canditions, if ony, which gave	1	70		
hat hat yy t ans em		rise to immediate couse (o), stoting the underlying cause(BUT TO OR SE A CHARDELLASE	OF 21. 0. 210	ely odoni	2
es t licia licia licia licia	ı	lost.	(c)	1 was		
lura gne urio	1	PART 2. OTHER SIGNIFICANT CO.	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	EASE OR CONDITION GIVEN IN PART 1(a)	
ng page by second and a second					1,	
ndir bee the ior 1	18	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS	PERFORMED 200. AUTOPSY?	20b IF YES, WERE FINDINGS (CONSIDERED IN CERTIFYING
on pr				YES 🔀	NO CAUSES OF DEATH?	
TENDING PHYSICIAN: The law requires that the death ined by the haspital ar attending physician. R. After this certificate has been signed by the attendir ould be detached for use as the burial-transit permit. Ithe State Dept of Health prior to burial, cremation, ar re	CERTIFICATION	210 ACCIDENT WAS UNDERLYIN	NG 215. TIME OF INJURY		D (Enter nature of injury in Part 1 or Part 2,	Item 181
fica de la faction de la facti		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M Manth Day Ye	ear	(2.12. 12.12. 2.14.)	
Spiral Sp	MEDICAL	21d. INJURY OCCURRED 21e.	PLACE OF INJURY CATHOME FARM STREET	FACTORY 1: 214 LOCATION Street or I	RFD Ng. City or Town	County State
PH standard and a sta		While Nat while at work	, PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	The Edwinder Sheet of the	KI D 114	21410
1		at work of work	ala baanital) attandad the days	and from A=24	10.60 to 4.04 10	60 that /IV /www lead
Afte Afte Stock	П	sow the deceased a	This mospitory attended the dece	1969 and that in (my) (c	Tur) opinion death occurred on the de	ote and hour and from the
ned Tren		causes stated above	e, (I) (we) (did) (did nat) view tl	ne body after death.	, 19 69_, ta_4=24, 19 aur) opinion deoth occurred an the do	/
S S S S S S S S S S S S S S S S S S S	Н	22b SIGNATURE		ATTEMPANO	22c	DATE SIGNED
OR DIRE			C. DWKa	ATTENDING PHYS	MED STAFF DIRECTOR DI	124/69
A A A A A A A A A A A A A A A A A A A		22d. PHYSICIAN S		22e. ADDRESS	- '/	7 7
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papits. Tagges 1 and 2 should be detached far use as the burial, cremation, ar removal, and in any event, within 72 hours after death, should be filed with the State Dept of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death		NAME (Type) Canap	Dorkan, M.D.	32) E	^I ospital Drive Glen B	urnie, Md.
HO.	230	BURIAL, CREMATION, 23b	DATE 23c NAME	OF CEMETERY OR CREMATORY	23d LOCAT.ON (City or Town)	(County) (State)
6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	B	REMOVAL (Specify)	/28/69 Glen	Haven Memorisl	Pk Glen Burnie M	d
VRAISALA	24		ral Home/Glen ADR	irnie Md 25g	DEC'D BY DECICTORD 1 2CL DECICEDAD C	SIGNATURE
30M REV	13	Erbert Pware		DAT	PR 2 5 1989 // Clim	las Jurge
7,4						

Pisti.

· · ·	113	ems#1,5,6,7a,6	وكلوكلو			PARIMENT OF				
		04823	DIVISION OF \			STON STREET, BAL	TIMORE, MARYLAI	ND 21201) C O W C	
	16	a&16b FilmGL16	9/17/695	cn (CERTIFICA'	TE OF DEATH		· ·	6278	\$
4 _ ~ ~ ~		ECEASED-NAME First		Middle		Last	20. DATE OF DEATH			2b. HOUR
24 hours after death mb the funeral pers Pages Tond 2	{	Type ar print)	/// Andrew	173			M	anth Day	Year 69	
	3 5		Va Orbin	P a		Carter	1 1 10	7 4-		8:45pM
the f	ا `		4 KACC			DATE OF BIRTH			IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
2 = 3 =	<u> </u>	Male		hite		/12/1895	73	74 YRS		}
a noon	/0 cou	BIRTHPLACE (State on foreign	76. CITIZEN OF WHA	T COUNTRY?	8 MARRIED	NEVER MARRIED	9. COUNTY OF DEATH			
aggers and the state of the sta	L	Πηκηρίνη	US		WIDOWED	ROW ORCED	Anne Ar	unde1		Md
	10	ITY OR TOWN OF DEATH	11. NAA	E OF HOSPITAL OR IN	STITUTION (If nat in	n hospital 120 USI	JAL OCCUPATION (Kind	of work done	12b. KIND OF E	USINESS OR
ith iv with		Crownsville		eet oddress) rownsvill	a Ctata	Hooner during n	nast af working life, ev	en if retired)	INDUSTRY	
d w	13a	USUAL RESIDENCE (Where decease	ed lived if institution	n: Residence before	13c. CITY OR TO	WN 3d (NSIDE CITY	JM TS? 13e. STREET A	ND NUMBER		
mp e e c	adm	issian) STATE	Balto				10 🗆		than Ch	
xec co co ndv		ryland Forst.	MalEO.	1	Balto.		0J/ N	. Lexing		
and and no	, ,	John	Middle	d Carter	15. M	OTHER'S MAIDEN NAME	11041111000	Middle	Stanle	ylost
a purific		ATHER'S NAME First John	6\n/h				μήκη όψη		_	
sicile of a sicile	1			\$29CIAL SECURITY				Address		
and	Ϋ́	sunkhown/1918	-1919	Junknown	Hos	pital Reco	ds, Crowns	ville S		
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within etained by the hospital or attending physician. CTOR: After this certificate has been signed by the ottending physician and completely fill should be detached for use as the burial transit permit. Then please remave carbon with the State Dept. of Health prior to burial, cremation, or removal, and in any event within		18 CAUSE OF DEATH (Enter onl	y one cause per time	far (a), (b), and (c).)	·				ATE INTERVA. SET AND DEATH
ath additional in the last and						ardio vascu	ılar diseas	e.	DETREEN DA	SET BRID DEATH
de de lifter n', o		L. I I I I I							 	
the e o	1	Canditions, if any, which gave)	DUE TO, OK AS	A CONSEQUENCE OF						
magit at		rise to immediate cause (a),	(b)					<u> </u>		
t t by d t s a		stating the underlying cause	DUE TO, OR AS	A CONSEQUENCE OF						
ires ysic ned ial		last.	(t)							
phy bigging burn		PART 2 OTHER SIGNIFICANT CON	DITIONS <u>CONTRIBUTH</u>	NG TO DEATH BUT NO	OT RELATED TO TH	IE TERMINAL DISEASE OR	CONDITION GIVEN IN PA	RT 1(a)		
en en to	z									
be ad in	CERTIFICATION	19a. DATE OF OPERATION 19b (ONDITION FOR WHIC	OPERATION WAS PE	RFORMED	20a. AUTOPSY?		ERE FINDINGS CON	ISIDERED IN CEI	₹TIFYING
has att	폴				1	YES NO	CAUSES OF DE	ATH?		
e at a series	H	21a ACCIDENT WAS UNDERLYING	G 216 TIME OF I	NJURY	21c HOW	INJURY OCCURRED (Ente	and .	ert Lor Port 2 Ite	m 18 i	
Tage in the second seco	ਤੁ	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M.	Month Day Year		(or many at many my	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
SS de la cert	MEDICAL	(If either, notify medical examin 21d. INJURY OCCURRED 21e		T SIDME FARM STREET FAC		ON Secret DEB N				S) I
PH)		While Mat while M	THE OF HOURT (9	FFICE BUILDING, ETC	J ZII TOCAT	ION Street or R.F.D. No	o. City or Taw	п	County	State
1		AL MOLK DI MOLK	1 1 1	1.1.1	1.1	07	- CII	777	10.11	
Ste by by Ste by		22a. I certify that (1) (this saw the deceased al	s hospitol) often ive on4/	ded the deceose	ed from 4/	<u>Z1</u> , 19_	09, 10 - 2	1/25 , 19_	09, that	(I) (we) lost
EN St. Julid		couses stoted above	(1) (wa) (did) (d	id not) view the	7 <u> </u>	at in (my) (our) ap	inion death occurr	ed on the date	and hour a	nd from the
the state of the s		226 SIGNATURE	, (1) (110) (ala) (a	t //	oddy difer ded	111.		70. D.	TE SIGNED	
REC		VAAILO	01/1-71	a. T.	MA DEGREE	ATTENDING	MED STAFI	- [22C DA	IE SIGNED	
		22d. PHYSICIAN'S	0 16 (1	enna,	DEGYEE					
May May be be be		NAME (Type)		,		Crownsvil	le State Ho	spital,	Maryla	nd
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely directar, page 3 should be detached for use as the burial transit permit. Then please remaye corban should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in ony event, with	-									
r HC rege FU Firection	23 c	REMOVAL (REMATION, 23b D	7,69	236 NAME OF	EMETERY OR CRE	MATOR	23d LOCATION (C ty	or Town)	(County)	(State)
5- 5- 3		- 3	119	10.91	nd. Mr	ed Jahout	Jalli	noil	Wool.	
VR A15 (4) (1)	24.	FUNERAL DIRECTOR		ADDESS		2Sa, REC D	1 2 1969	B REGISTRAR S S	GNATURE	
45M - 1/69 K						DATE	1 2 1969	& COURSE OF	A KARENTE	



,	1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201				0101		
	L	04824	DIVISION OF VITAL		FICATE OF DEATI	04816			
- 20 -		DECEASED-NAME FIRE		Aiddle	Lost				
deough death		Type or pnnt) CLA		undia	CASHEN	2a DATE OF DEATH Month	Doy Year 25 HOUR		
3 3 5	3 5		4. RACE		S DATE OF BIRTH	6. AGE (In	VEGTS IF UNDER YEAR IF UNDER 24 HRS.		
y these Pages urs afte	<u> </u>	female	Colore		4-16-1	1892 tast birthe	YRS. MONTHS DAYS HOURS MIN		
haur In by 2 hou	7a.	BIRTHPLACE (State or fare gn	7b. CITIZEN OF WHAT COUNT	HIPAN	IED 💢 NEVER MARRIED 🗀	9 COUNTY OF DEATH			
ed i	-	VIRGINIA		Widow			NOEL County Md.		
within 24 haurs afted in by the bon papers. Pages, within 72 hours after it within 72 hours afte	خ ا	CITY OR TOWN OF DEATH	g ve street addr	SPITAL OR INSTITUTION 1851) NORTH 1850ENT	ARUNOC during	SUAL OCCUPATION (Kind of we	retired) 12b. KIND OF 8USINESS OR Family		
ed within pletely farbon carbon ent, with	13a	USUAL RESIDENCE (Where dece	ased lived, if institut an Resido	ence befare 13c (IT)	OR TOWN 13d INSIDE (
E e e	adm	ussian) STATE MD.	12b COLINTY A			NO Das Que	3		
and cam	14.	FATHER'S NAME First Sidne	Middle Johnson	Last	IS. MOTHER'S MAIDEN NAM		Middle Last		
	340	. WAS DECEASED EVER IN U.S. AI	-	AL SECURITY NO	7 INFORMANT	?			
The law requires that the death certificate be exergiteed obtending physician. has been signed by the attending physician and constant the burial-transit permit. Then please remains the burial, cremation, or remaval, and in any	160	(es, na or unknawn) (If yes gw		26-6033			oddress D5 Rt #2 Severn Md.		
The The		18. CAUSE OF DEATH (Enter of	anly one cause per one for (a),	(b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
ne death cer attending p permit. The		PART I. DEATH WAS CAUS	.ED BY: PIATE CAUSE (α)	_ C V #	left		2 cm		
ath per ian,		4/24 DUE TO, OR AS A CONSEQUENCE OF							
at the the mati		Canditians, if any, which gave use to immediate cause (a)	(b)	_H 5. (·. U. W.				
quires that 1 physician. signed by th burial-transit		stating the underlying cause		EQUENCE OF					
equires y physicio signed l burial-tr			ANDITIONS CONTRIBUTING TO D	EATH BUT NOT BELATE	TO THE TERMINAL DISEASE (DR CONDITION GIVEN IN PART 1(
law req nding p been si s the bu	2	PART 2 OTHER SIGNIFICANT CO	OADITIONS CONTRIBUTING TO D	EMIN BUT NOT KELMIE	D TO THE TERMINAL DISEASE C	ORCUMBITION GIVEN IN PART (
AN: The law r all ar attending icate has been for use as the Health priar to	CERTIFICATION	19a. DATE OF OPERATION 198	. CONDITION FOR WHICH OPERA	TION WAS PERFORMED	20a. AUTOPSY?		INDINGS CONSIDERED IN CERTIFYING		
The The State of t	E				YES NO				
YSICIAN: aspital ar certificate thed for us		21 a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. Manth	Day Year	. HOW INJURY OCCURRED (E	nter nature of injury in Part 1 o	r Part 2, Item 18.)		
SIC Ispit	MEDICAL	(If either, nat fy medical exan	niner) P.M.	19					
R ATTENDING PHYSICIAN: The law re retained by the haspital ar attending ECTOM: After this certificate has been 3 should be detached for use as the with the State Dept. of Health priar to		While Nat while at work	B. PLACE OF INJURY (AT HOME, F)	DING, ETC	LOCATION Street ar R.F.D.	Na. City ar Tawn	County State		
by the free per control of the contr			his hospitol) attended th	e deceosed from	1-20,19	69, to 4-22	, 19 <u>67</u> , that (I) (we) last		
FEND ned III: A uld the		saw the deceased	alive an Y - -</td <td>view the hady aft</td> <td>and that in (my) (our) o er death</td> <td>opinion death occurred or</td> <td>, 19<u>67</u>, that (I) (we) last In the dote and hour ond fram the</td>	view the hady aft	and that in (my) (our) o er death	opinion death occurred or	, 19 <u>67</u> , that (I) (we) last In the dote and hour ond fram the		
ATTE etaine CTO should vith the		22b. SIGNATURE	O'VA (ma) (ara) (ara non)	Ton mo bady an			22c. DATE SIGNED		
OR be r		Chant	Daholing	110.0	EGREE PHYS.	MED STAFF DIRECTOR PHYS.	JY-23-69		
SPITAL 4 may ERAL or, pag d be fi		22d. PHYSICIAN'S NAME (Type) ROBE	ERT DABO	LINS, M.	228 ADDRESS 400 (RA)	N AWAY N.	w Plu Burnip Hd.		
FO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOM: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhauld be filed with the State Dept. af Health priar to burial, cree	23a			NAME OF CEMETERY	OR CREMATORY National Cem.	23d LOCATION (City or To Baltimore M	wn) (County) (State)		
VR 45M		funeral director lerbert E. Nuti	ter-3035 W. No	ADDRESS orth Ave.	250 REC'I	w	GISTRAR S SIGNATURE		



377	1				IE DEPARIMENT OF				
		14825	CERTIFICATE OF DEATH					04817	
± = ± €		ECEASED-NAME First Type or print		Middle	Lost	20. DATE OF DEATH		26 HOUR P	
r death. uneral 1 and 2 ir death		WELL		IN .	CHAMP	April Month 27,	969 Yeor	2:10 M	
offer of the function of the f	3. \$		4 RACE		5. DATE OF BIRTH	6. AGE (In years lost birthday)		IF UNDER 24 HRS HOURS AN N.	
S (S	70	Male BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COL	1.		The state of the s	2		
haurs in by Zhaur	0.00	Maryland	U.S.A.	HARK	8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 9. COUNTY OF DEATH			Country	
nin 24 filled pape pape pape	10.	STY OR TOWN OF DEATH	11 NAME OF	HOSPITAL OR INSTITUTION	(If not in hospital 120, 61	SUAL OCCUPATION (Kind of work don	e 125 KIND OF BI	Md.	
within 24 hours after death ely filled in by The funeral ban papers Papers I and 2 within 72 hours after death		Annapolis	give street or	give street oddress) Anne Arundel General Hosp Taberer				ANDUSTR'C. Md.	
d complete move car	13c odm	USUAL RESIDENCE (Where deceosission) STATE Marylar	1 12% COLINITY		OR TOWN 13d INSIDE GT	NO Rt. 2. BO:	× 294		
a g g d	14	ATHER'S NAME First	Middle	Lost	15 MOTHER'S MAIDEN NAME		~ 43 -	Lost	
be n or		ALLEN	NAN C	НАМР	ADELAY	NIM JONES			
physician and completely fen please remove carban oval, and in any event, with	160 \	WAS DECEASED EVER IN U.S. ARA es, TO or unknown) (If yes give w		OCIAL SECURITY NO. -48-8936	7 INFORMANT Alfred Champ-	Rt.2-Bex294 Anna	polis, Md	•	
ot the death ce the attending rsit permit. The matian, or rem		Cond trans, if any, which gave rise to immediate cause (a), stating the underlying cause last.) BY: ITE CAUSE (a)	NSEQUENCE OF	very feel	fachie l'elescoie	APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH LEVY	
by the haspital or attending physician. by the haspital or attending physician. frer this certificate has been signed by be detached far use as the burial-transtate Dept. of Health prior ta burial, cre	CAT ON		CONDITIONS CONTRIBUTING TO		20a. AUTOPSY?	RCONDITION GIVEN IN PART 1(o) 20b. IF YES, WERE FINDINGS	CONSIDERED IN CER	TIFYING	
The state of the s	CERTIFICAT				YES NO	_ 1			
IAN: tal ai ficate far i		21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CALSE OF GEAT	HOUR A.M. Mont	h Doy Year	HOW INJURY OCCURRED (En	eter noture of injury in Port 1 or Port :	2, Item 18.)		
PHYSIC le haspii his certi stached Dept. al	MEDICAL	(If either, notify medical examing 21d, INJURY OCCURRED 21e. While 10t work 12e.	PLACE OF INJURY (AT HOME OFFICE E	E, FARM STREET FACTORY) 21	LOCATION Street or R.F.D. I	No. Gity or Town	County	State	
Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the stand be filed with the State Dept. of Health prior to		22a. I certify that (!) (the saw the deceased a causes stated abave				pinian death accurred an the	9 <u>67</u> , that (date and haur a	l) (we) last nd from the	
L OR ATTENE be retained DIRECTOR: A ge 3 shauld iled with the		22b. SIGNATURE Pever	1 Chare		EGREE PHYS	MED. STAFF DIRECTOR PHYS. 22	L DATE SIGNED 4	69	
TO HOSPITAL OR Page 4 may be ri O FUNERAL DIRE		PHYSICIAN'S GCT		UNCH	22e. ADDRESS 2 C	HAHENNIM ST	ANNAPOR	15 mg	
SH SHELL	230	BUR AL, CREMAT ON, REMOVAL (Specify)	1-69	23c NAME OF CEMETERY Broadnock (23d. tOCATION (City or Town) A.A.C. Maryla	(County)	(State)	
= = W		FUNERAL DIRECTOR	10)	ADDRESS		RY REGISTRAR 255 REGISTRAR	19 SIGNATURE		
45M 11 69			111 Annapa		DATEMA		mes Judy	se.	



MAKTLAND STATE DEPAKTMENT OF REALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04826 04818 CERTIFICATE OF DEATH 1. DECFASED-NAME First Midd e Lost 2a. DATE OF DEATH 2b. HOUR death. 24 haurs after death. (Type or print) Month Dav Year 1:60 AN CLIFFORD MARGARET 69 3. SEX 4. RACE S DATE OF BIRTH IF UNDER I YEAR 6 AGE (in years IF UNDER 24 HRS lost birthday) MONTHS CAYS HOURS 28, 1888 AUG CAUC. FEMALE 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or fare an 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED T NEVER MARRIED rsician and campletely filled in please remave carban papers I, and in any event, within 72 ho country) WIDOWED F DIVORCED TO ANNE ARUNDEL COUNTY MARYLAND TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled director, page 3 should be detached far use as the burial-transit permit. Then please remave carban pape 12a. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126 KIND OF BUSINESS OR during most of working life, even if retired.)
HOUSEWIFE give street address) INDUSTRY BROOKLYN HOME MAKER 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 36. INSIDE CITY LIMITS? 13e. STREET AND NUMBER exercited odmissian) STATE 136, COUNTY YES 🖂 NO X 112 SEWARD AVENUE BROOKLYN 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Middle First JAMES TUCKER MARGARET COSDEN requires that the death certificate 17 INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address 27225 Yes, na, or unknown) NO SEWARD AVE. CHARLES NONE APPROXIMATE NTERVAL GETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending d far use as the of Health prior ta 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? YES -NO TZ 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor 21d. INJURY OCCURRED (AT HOME FARM, STREET, FACTORY,) Stote 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. City or Town County While Nat while at work 22a. I certify that (i) (this haspital) attended the deceased from I was 19.67, to 20 __19 22, and that in (my) (aur) apinian death occurred an the date and hour and from the saw the deceased alive ancauses stated abave, (1) (we) (did) (dig nat) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING MED DIRECTOR director, page 3 shauld be filed v WAN DEGREE PHYS 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) 4605 EDMONDSON AVE, BALTO, BRYSON 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 235. DATE (State) 23g. BURIAL CREMATION. (County) REMOVAL (Specify) CHARLES BORROMO 250 RECD BY REGISTRAR APR 2 2 196 24. FUNERAL DIRECTOR GEORGE J. GONCE 4001 RITCHIE HGMY, BALTO, Md. ARR noveles VR A15 (4) 1969 3DM REV. 1/68



1.		MARYLAND STATE DEPARTMENT OF HEALTH
X	1	04827 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 048 19
	•	04827 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 048 19
		1 PECCAPEN MANS
40	Tage a	(The state)
de	(FA (2)	NEWTON PAZWEN COLLINSON HORIZIT 1769 M
s offer	s of s	3. SEX A. RACE
- and	by the Page	70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
24 hg	ed in opers.	EDIEWATER MD USA. WIDOWED DIVORCED ANNE ARUNDEL Md.
within 24 hours after deoth	pretely filled in by the carbon popers. Pageent, within 72 hours c	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUA. OCCUPAT ON (Kind of work-dane Industries) 12b KIND OF BUSINESS OR INDUSTRY 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most power and industry) 12a USUA. OCCUPAT ON (Kind of work-dane Industry) 12b KIND OF BUSINESS OR INDUSTRY
, Par	ng de et	13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d MISIDE CITY LIM TS? 1/3e STREET AND NUMBER
/a.	and compie	admission) STATE (1). 13b. CONTY A. CO EDGEWATER YES NO COLLIZES BY FARM
exect	remove n any ev	14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
. 0	8 E	JOHN COLLINSON MARY ELIZABOTH BROWER
<u>e</u>	rcion lease and	16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 117. INFORMANT Address
MYSICIAN: The low requires that the death certificate	ohys nn p vol,	Yes, my of uttenawn) (It yes give war or do tes of service) LAURA LEE PHIPPS COLLINSON #13
9		18. CAUSE OF DEATH (Enter only one couse per one to (a), (b) and (c))
듐	permit.	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) AND TRANSPORTED A CAUSE (A) AND TRANSPORTED AS A SOUTH OF THE
de		4/23 DUE TO, OR AS A CONSEQUENCE OF
the	on. by the att fronsit per cremotion,	Canditions, it any, which gave
to to	rnsi me	rise to immediate cause (a).
+	physicion. signed by the burial-transit burial, cremoti	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
il.	physici signed burial-1 burial,	, (0
ba ba	sic properties of the properti	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
≥:	ding een the r to	3 OCKEBRAL ARCERIOSCIENOSIS (C.V.H. (OLD)
0	s b as s b as s b as s b	3 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The	or ottending e hos been use as the aith prior to	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21d. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 22b. HOW INJURY OCCURRED (Finter parties of injury in Part Lar Part 2, Item 18.)
ä.	ol or offending icate hos been for use as the Health prior to	21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
8		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19 21d INVIRY OF REED 1210 PLACE OF INVIRY AT HOME FARM STREET FACTOR 2.216 LOCATION Sheet on R.E.D. No. (Sheet of R.E.
75	cer che che	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FALTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
=	be retained by the haspital or attending physicion. DIRECTOR: After this certificate has been signed by it 3 should be detached for use as the burial-traned with the State Dept. of Health prior to burial, cre-	While hat while of work of work
TINBINE	erite ate	
Ē:	Aft Aft Start	220. I certify that (I) (this hospital) attended the deceased from, 1955, to, 1969, that (I) (we) last sow the deceased alive on, and that in (my) (our) opinion death accurred on the date and haur and from the
A É.	per # Series	tabaes signed and well (me) (mid) four was well and after deciti.
A	e E se fi	22b Signature 22c, Quite signed
8	be retoined by t DIRECTOR: After ge 3 should be d led with the State	Decker DEGREE PHYS DIRECTOR DIRECTOR DIRECTOR DATE DIRECTOR DATE DIRECTOR DIRECTOR DATE DIRECTOR DATE DIRECTOR DATE DIRECTOR DIRECTOR DATE DATE DIRECTOR DATE DATE DIRECTOR DATE DATE DATE DATE DATE DATE DATE DATE
N.		22d PHYSCIANS 22e ADDRESS
TO HOSPITAL	Page 4 may be retained by the hosy of FUNERAL DIRECTOR: After this cendirector, page 3 should be detached should be filed with the State Dept.	NAME (TYPE) EDWARD S BECK FRANKLIN ST HUMANOUS MD
9	FC Fect rect	23a. BURIA., CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
2	5 ip 48	BURINE MPR. 17, 1969 ALL HALLOWS CEM, BIRDSVILLS A.A. CO MD.
	VR AIS	24 FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS 250. RECARP BEGISTRAP 1969 REGISTRAP 1969 19
	45M - 1X8M	NOHN M. TAYLOR. JONS HUNBPOUS MD DATE MINI 1809 gooders and
	1,	



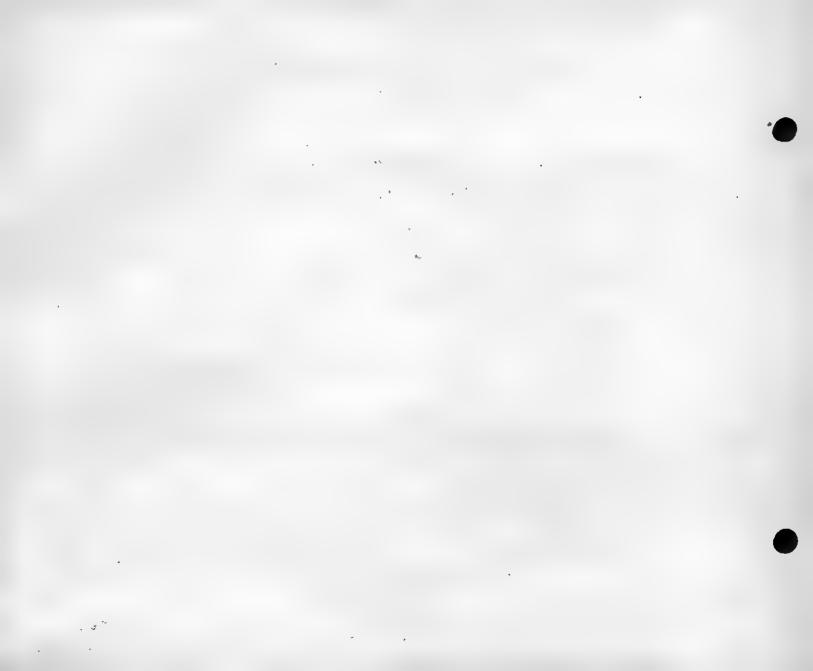
	1	04828		ND STATE DEPARTMENT OF I 5, 301 W. PRESTON STREET, BALT		
	te		nG412 5/5/69 kk	CERTIFICATE OF DEATH	mone, manifement 21201	0482ช
eath.	I. D	ECEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b HOURM
death grad 2		ELIZAE		COMSTOCK	APRIL Month 11 Doy	1969" 0620 M
	[3. SI		4. RACE		1922 6 AGE (In years last birthday)	IF UNDER 1 YEAR IF JINDER 24 HRS MONTHS DAYS HOURS MIN
	70	FEMALE BIRTHPLACE (Stote or foreign	CAUCASION 75. CITIZEN OF WHAT COUNTRY?	6 16 MARCH	9. COUNTY OF DEATH	34
in Page 1. Program 2. Program 3.	cou	INDTANA		8 MARRIED NEVER MARRIED DIVORCED DIVORCED		
n 24 illed papp nin 7	10. (ITY OR TOWN OF DEATH	II NAME OF HOSPITAL OR I		ANNE ARUNDEL AL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
within 24 hours ely filled in by ban papers. Eq		ANNAPOLTS	give street oddress) NAVAL HOSP	TTAL during m	ost of working life, even if retired)	MOTOR LODGE
ent, replet	130.	USUAL RESIDENCE (Where deceosession) STATE	sed lived, if institution: Residence before 13b. COUNTY	B 13c CITY OR TOWN 13d INSIDE CITY L	The street title titlingth	2102 010 210202
exerted and cample emave ca	<u> </u>	MARYLAND	ANNE ARUNDEL		1684 WINCHEST	ER ROAD
and rem		ATHER'S NAME First	Middle Lost	IS MOTHER'S MAIDEN NAME F		Lost
te b ian ase indi		FRED NORMAN AND WAS DECEASED EVER IN U.S. ARM	DERSON MED FORCES? LIAB SOCIAL SECTION TO	MARIE I	BOWLES Address	
rfrca nysic n ple al, a	١	es, no, or unknown) (If yes give wi	MED FORCES? Nor or dates of service) MED FORCES? MED FORCES? MED FORCES? MED FORCES? MED FORCES? MED FORCES? MED FORCES?	HOSPITAL REC		
cert Ther Therm				And the second s		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ath indin		PART 1. DEATH WAS CAUSED	nly one couse per line for (o), (b), and (o) D BY ATE CAUSE (a) Acute purul	ent tracheobronchit	is	1 week
afte perm an, 4		466 X	DUE TO, OR AS A CONSEQUENCE O			
the the mati		Conditions, if any, which gove a rise to immediate couse (a),	(b)			
the train		stating the underlying couse	DUE TO, OR AS A CONSEQUENCE O	F		
uines hysic gnec urial		PART 2 OTHER SIGNIGICANT CONN	(t)	NOT RELATED TO THE TERMINAL DISEASE ORG	CANDITION CIVEN IN PART 1(a)	
The law requires that the death certificate be attending physician. has been signed by the attending physician arse as the burial-transit perm. Then please rith priar ta burial, crematian, ar removal, and in	.,	Cirrhosis, L	iver Minimal Ar	teriosclerosis	ONDERON GIVEN IN PART 1(0)	
faw endir bee ss th riar 1	CERTIFICATION		CONDITION FOR WHICH OPERATION WAS F	PERFORMED 200 AUTOPSY?	20b. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
The season of th	RIFIC			YES NO		
AN: all or cate cate ar u		216. ACCIDENT WAS UNDERLYING CAUSE OF DEATH	NG 21b. TIME OF INJURY TH HOUR A.M. Month Doy Yea	21c. HOW INJURY OCCURRED (Enter	r noture of injury in Port I or Port 2, It	em 18.)
SICI. spitch erthfi bed f	MEDICAL	(If either, natify medical examin	ner) PM.	19		
OR ATTENDING PHYSICIAN: The faw requires the be retained by the haspital or attending physician. DIRECTOR: After this certificate has been signed by le 3 shauld be detached for use as the burial-traded with the State Dept. af Health priar ta burial, sten		While Not while at wark	PLACE OF INJURY (AT HOME FARM STREET, FOR OFFICE BUILDING FTC	ACTORY.) 21f LOCATION Street or R.F.D. No	City or Town	Caurty Stote
NG the ter trate de de		32a L cartifu that (1) (the	is haspital) attended the decea	sed fram 19	, ta, 19_	, that (I) (we) last
ed be led by the She She She She She She She She She S		saw the deceased al	live on	19, and that in (my) (aur) api bady after death.	nian death accurred an the dat	e and havr and fram the
ATT TO Strain Shau ith t		22b SIGNATURE	e, (1) (we) (alay (ala par) view int	e budy arrer dearn.		ATE SIGNED
OR OR DIRECTOR		Micha	ut for	DEGREE PHYS D	NED. STAFF 🔀 11	April 1969
AL D		22d. PHYSICIAN'S	CODUCE LODD MC US		ITAL, ANNAPOLIS,M	n
SPITAL 4 may NERAL 101 pag 101 be fil			FORNES, LCDR MC US			•
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be excerted within 24 hours Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 should be detached far use as the burial-transit perm.* Then please remarke carbon pages. Page should be filed with the State Dept. af Health priar to burial, cremation, ar removal, and in any event, within 72 hours	230	BLRIAL, CREMATION, 236 D	115/1969 FIRL	F CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (Stote)
VR A15 (4)	24,	FUNERAL DIRECTOR	ADDRES	25 A POCED B	RIG STRAPES 25h REGISTRAR S.S.	IGNATURE
45M - 1/69	4	OHN NI.TA	ALLOK, SOWS A	UNIA POLIS MADATE	1000 June	2 June Ster



	1		MAI	KILANU SIAIE	DEPAKIMENI U	F HEALIH		
		01000	DIVISION OF VITAL RE	CORDS, 301 W. P.	RESTON STREET, BA	ALTIMORE, MARYLAN		
		04829		CERTIFIC	ATE OF DEAT	H	0	4821
4 _64			irst Migo	dle	Lost	20. DATE OF DEATH		2b HOUR
r death. uneral 1 and 2 er death).	Type or print)	and 1		200		onth 19 Doy	1 30 1000
fund i er d	3 S	FX FX	4. RACE		E DAZE OF DUDYU	TIPIT		109 6124M
s ofter		MALE	1311000		S DATE OF BIRTH	last		JMDER I YEAR IF LINDER 24 HRS. INTHS DAYS HOURS M.N.
2 2 2 2	7.	MANA	WATTE		30 0al	1726 4	YRS.	
THE PROPERTY OF THE PROPERTY O	cp)	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY	MAKKIED	NEVER MARRIED 🗌	9 COUNTY OF DEATH	O4 .	0 0 0
24 haurs after death death ad 20 and	M	ontour Co.P	a. USA	WIDOWEL		Anne	(XYU)	Md Md
	10	CITY OR TOWN OF DEATH	11 NAME OF HOSPIT	TAL OR INSTITUTION (if n	of in hospitor 120		of work done	12b K NO OF BUSINESS OR
cuted within mpletely fill we carban peevent, with	F	GEO. HEADE	ING. KIMMI	KNIJGH PTKK	17 /OS during	g roost of warking life, evi	en if retired)	INDUSTRY CAYON
ed oleh cort,	130	USUAL RESIDENCE (Where dec	ceased typid, if institution Residence	e before 13c CITY OR	TOWN 13d HISIDE C	CITY LIM TS? 13e. STREET AN		V. 2 - W. 11
executed within a campletely fill move carban pount, with a cample of the carban pount, with a carban pount, with	oun	CITAS GIVONIC	D- 136 COUNTY	Bloom	Sburg YB	NO 1496	Old.	Borwick RA
e execution of the company of the co		ATHER S NAME First	Middle		MOTHER SMAIDEN NAM	AE First	Middle	lost
equires that the death certificate be exemply sixten and compared by the attending physician apd committen please remained, crematian, ar remayal, and in any		late Ralph	Cone		Anna	Qinigg		Edgi
physician physician aval, and i	160	WAS DECEASED EVER IN U.S. /	ARMED FORCESS LIAB SOCIALS	SECURITY NO. 17 II	NFORMANT	~ ~ ~ 66	Address	Penna
o p g	1	es, mojor Linknown) (If yes gi	ive war or dates of serves		s Grace C	ope 126 E		
he death certifi s attending phy: permit. Then p		IR CALISE OF DEATH /S-to-	only one cause per line for (a), (b)		5 Grace o	obe Tro E	Market	Danville
re ref		PART I. DEATH WAS CAL	ICED BY.		G2 ()	[.amanaa		BETWEEN ONSET AND DEATH
dec rmir rmir		/ , , iMM8	EDIATE CAUSE (6)	MYOCAT	SIAL 110	FARCTION		2-3 HR,
he all		Conditions, if any, which gas	DUE TO, OR AS A CONSEQU		0-			
at the the nsit promatic		nse ta immediate couse (a	(b) CO/CEN		RARRY DI	512/1812		
tran tran		stating the underlying cous	DUE TO, OR AS A CONSEQU	ENCE OF				
ires ysic ned rial- ial,		last.	(t)					
The law requires that that that that attending physician has been signed by the se as the burial-transit h priar to burial, cremoti		PART 2 OTHER SIGNIFICANT I	CONDITIONS CONTRIBLTING TO DEAT		THE TERMINAL DISEASE	ORCONDITION GIVEN IN PAR	RT I(o)	
w r ling sen the r to	8			UONE				
The law ratending has been se as the h priar to	CERTIFICATION	19a. DATE OF OPERATION 19	96. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY3			IDERED IN CERTIFYING
# P S P T T	E				YES NO	CAUSES OF DEA	THY Yes	
Or Cor		210 ACCIDENT WAS UNDERL		21c. HC	W INJURY OCCURRED (E	Enter nature of injury in Pai	rt I or Part 2, Item	IB.)
d figure of the state of the st	MEDICAL	OR CONTRIBUTING CAUSE OF D	DEATH HOUR A.M. Month Dominer) P.M.	y 190r				
IYS hosp cel che pt.	쁗				CATION Street or R.F.D.	No. Eity or Town	3 (ounty State
ATTENDING PHYSICIAN: The law requires that the death certifipate be stained by the hospital or attending physician CTOR: After this certificate has been signed by the attending physician as should be detached for use as the burial-transit permit. Then please in the State Dept. af Health priar to burial, crematian, ar remayal, and in		21d. INJURY OCCURRED 2 While Not while of work	# OTTICE BUILDING	, EIC		·		·
by the free be decorated by the decorate		22a certify that W1	this haspital) attended the	deceased from D.	15 ATRIL 19 1	964 to 06/5	APRIL 19 19 6	that UK (wa) last
ND ND d b		saw the deceased	olive on OG/5. PYKIL	19 19 69 ond	that in (met) (our)	opinion deoth occurre	d on the dote	and hour and from the
OR Gine		causes stated and	ive, (I) (we) (did) (did not) vie	ew the bady after d	eath.	•		
OR ATTENION DE retained SIRECTOR: A e 3 shauld ed with the		22b SIGNATURE	0 10		ATTENDING ATTENDING	MED STAFF	22c DATE	SIGNED ,
OR ATTEN be retained DIRECTOR: ge 3 shaulc		Vrace	Jen Jem	1CE DEGRI	FF PHAS	DIRECTOR PHYS.	DIGH	teril 67
AL AL Page Page Page Page Page Page Page Page		22d PHYSICIAN S NAME (Type)	CHOPAC I P	ERNICE	22e ADDRESS			
FO HOSPITAL OR ATTENI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the					KIMBRO	YLGH ARMY	HO2. F	+ G. MEADE, MC.
HO Jacon Ho Long	23 o.	BURIAL, CREMATION, 231 REMOVAL (Specify) AT	b DATE 23c N	IAME OF CEMETERY OR	CREMATORY	23d LOCATION (City	ar Tewn) (C	County) (State)
5 5 5 5 8 8			oril 23 169 (Odd Felld	WS	Danvil	le Peni	na
VR A15 (4)		FUNERAL DIRECTOR HOW	ard County	ADDRESSEILICO	ott CitoryREC	D BY REGISTRAR 25b	REGISTRAR'S S.GN	NATURE
VR A15 (4) 45M 1/69	r u	neral Home	Harry Witzke	Marylan	d DATA P	R 2 4 1969	Charle	o Judge

. 2 . v .. ·

and the same of th	1	MARYLAND STATE DEPARTMENT OF HEALTH 1220 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		
TOR SIMIL	1 -	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	(Tuno or Profit
St to age		DEATH MATEU
y delay is and 3 to PM3 Page	3 5	4 RACE S. DATE OF BIRTH 6 A S. N. YEGE IF LINDER 24 HRS 20 DATE PRONOUNCED DEAD Months DAYS HOURS MIN MONTHS DAYS HOURS MIN HO
F (4)	70 cau	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED DIVORCED FALLS 4.
haurs after death any delay tem 18. Give Pages 1, 2, and 3 Office along with farm PM3 Pages 1, 2, and 3 fine along with the State Department	10 (11) NAME OF HOSPITA. OR INSTITUTION (If not in hospita) 120 USUAL OCCUPATION (Kind of work done) 120 KIND OF BUSINESS OR 120 USUAL OCCUPATION (Kind of work done) 120 KIND OF BUSINESS OR 120 USUAL OCCUPATION (Kind of work done) 120 KIND OF BUSINESS OR 120 USUAL OCCUPATION (Kind of work done) 120 KIND OF BUSINESS OR 120 USUAL OCCUPATION (Kind of work done) 120 KIND OF BUSINESS OR 120 USUAL OCCUPATION (Kind of work done) 120 KIND OF BUSINESS OR 120 USUAL OCCUPATION (Kind of work done) 120 KIND OF BUSINESS OR 120 USUAL OCCUPATION (Kind of work done) 120 KIND OF BUSINESS OR 120 USUAL OCCUPATION (Kind of work done) 120 KIND OF BUSINESS OR 120 USUAL OCCUPATION (Kind of work done) 120 KIND OF BUSINESS OR 120 USUAL OCCUPATION (Kind of work done) 120 KIND OF BUSINESS OR 120 USUAL OCCUPATION (Kind of work done) 120 KIND OF BUSINESS OR 120 USUAL OCCUPATION (Kind of work done) 120 KIND OF BUSINESS OR 120 USUAL OCCUPATION (Kind of work done) 120 KIND OF BUSINESS OR 120 USUAL OCCUPATION (Kind of work done) 120 KIND OF BUSINESS OR 120 USUAL OCCUPATION (Kind of work done) 120 KIND OF BUSINESS OR 120 USUAL OCCUPATION (Kind of work done) 120 KIND OF BUSINESS OR 120 USUAL OCCUPATION (Kind of work done) 120 KIND OF BUSINESS OR 120 USUAL OCCUPATION (Kind of work done) 120 KIND OF BUSINESS OR 120 USUAL OCCUPATION (Kind of work done) 120 KIND OCCUPA
h th	1/2	USUAL RESIDENCE (Where deceased lived, if institut on Residence before 13c CITY OR TOWN 3d INSIDE CITY ON TOWN 13d INSIDE CITY ON TOWN
18. Ge alor	0	dmiss on) STATE 40 13b (OUNTY ARCO GenRirnie VES NOTE 111 Sunset Drive
	14 1	ATHERS NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Francist P. Cransten, Sr. Emma C. Middle Pagd
within 24 pencil in xampers, ile pages 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS es. np. gs. nknown) (If yes give war or dates of service) 27.2-01-5553 Many Dorger Changton 117 Sunget Drive
be executed with period of Medical Examinet Medical Examinet File event within 72	-	The state of the s
be executed "pending" in nief Medical Esansit permit. Fi event within		18 CAUSE OF DEATH (Enter only one couse per line for to) (b) and (c) PART I. DEATH WAS CAUSED BY:
be executed "pending" in ief Medical msit permit.	1	IMMEDIATE CAUSE (a) (Illustruce Canuse)
f M tit		DUE TO, OR AS A CONSEQUENCE OF
J be J' F Chie		rise to immediate cause (o), (b)
vard vard on)		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
shauld be en ward "per or the Chief burial-transit		lost. (c)
icate ing the ded to ded to as a	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE OR CONDITION GIVEN IN PART 1(a)
certification of the certifica	FICATO	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 2D AUTOPSY?
This conficate, the fartence or rem	E	WAS PERFORMED?
THE PAGE	L CERT	2 o EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) PRIMARY OR CONTRIBUTING (
INER: T e certific shauld b files. 3 shauld atian, or	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M 19
	¥	21d NJURY OCCURRED 21e PLACE OF MILIURY (At home, farm, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No City or Town County Stote
CAL EXAMINER: execute the certion. Page 4 shauld ed for your files. CTOR: Page 3 shau burial, cremation,		WHILE NOT WHILE TOCTORY, OTTICE BUILDING, etc.)
bleate execute director. Page retained for you DIRECTOR: Page or to buriol, cre		22a certify that took thorge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion
blease executions of the principle of th		death resulted from Actual couses Accident , Suicide , Hamicide , Undetermined manner
please e f directar retained L DIRECT iar ta bu		CHIEF MEDICAL EXAMINER
ar a		SIGNATURE ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED
Purioner Pur		EXAMINER'S E DEPUTY MEDICAL EXAMINER TO F-1-67
necessary, please execute the funeral director. Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Health, prior to burial, crem		NAME (Type) - LIN how - ADDRESS (Street, city, town, or county)
TO DEPUTY Dease necessary, please the funeral directs 5 may be retained TO FUNERAL DIRECT Health, priar to b	230	BURIAL, CREMATION, REMOVAL (Specify) 23b DATE 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) County) Md.
		FUNERAL DIRECTOR ADDRESS 1250 RECD BY REGISTRAR 1250 REGISTRAR SIGNATURE
VR A15ME (5) 10M REV 1/68		Howard Strong 3207 W. North Ave., DATE APR 7 1989 Thomas Judge
	-	



DECEMBER	14		04831	DIVISI	ON OF VITAL RECORDS		STON STREET, BALT TE OF DEATH	IMORE, MARYLAND	21201	04823
PERIOR OF DEATH AND CHEMSTIAL OR INSTRUCTION From Propriet Special Section of Death and Section of Propriet Section of Section of Section 12 Control or Propriet S	₹ ~ Z4			st	Middle		Last			2b. HOUR
PERIOR OF PEARING IT AMENON TO PEAR IN A CONTROL OF PEAR IN A PART	deo anc deo	Ľ	ALI	ERT	В.	CRAWF	ORD			Year M
PERIOR OF PEARING IT AMENON TO PEAR IN A CONTROL OF PEAR IN A PART	fer fer ter	3 5	EX	4 RAC				6. AGE (In years Fun	DER YEAR F UNDER 24 HRS
PERIOR OF PEARING IT AMENON TO PEAR IN A CONTROL OF PEAR IN A PART	the the	ı	Male		Cauc.		Dec. 18. 1	last hir	rihday) MDNTF	IS DAYS HOURS MIN
PERIOR OF PEARING IT AMENON TO PEAR IN A CONTROL OF PEAR IN A PART	ano Ano	70	BIRTHPLACE (State or Foreign			8 MARRIED A				
Quincy M. Crawford Blonda Hillard 160 WAS DECEASED EVER IN US ARMED FORCES TO DO 170 NAME OF THE PROTECTION OF THE PROPERTION WAS PERFORMED 170 OF AS A CONSEQUENCE OF 181 CAUSE OF DEATH (Enter only one cause per June 100 (o.), (b) and (c)) 181 CAUSE OF DEATH (Enter only one cause per June 100 (o.), (b) and (c)) 182 PART I DEATH WAS CAUSED BY INMINISTRIC CAUSE (o.) 182 CAUSE OF DEATH (Enter only one cause per June 100 (o.), (b) and (c)) 183 - 12 - 1.966 Grace M. Carwford — same as #13 above All June 11 DEATH WAS CAUSED BY INMINISTRIC CAUSE (o.) 184 CAUSE OF DEATH (Enter only one cause per June 100 (o.), (c) and (c)) PART I DEATH WAS CAUSED BY INMINISTRIC CAUSE (o.) 185 CAUSE OF DEATH (Enter only one cause per June 100 (o.), (c) and (c)) 186 CAUSE OF DEATH (Enter only one cause per June 100 (o.), (c) and (c)) 187 DEATH WAS CAUSED BY INMINISTRIC CAUSE (o.) 188 CAUSE OF DEATH (Enter only one cause per June 100 (o.), (c) and (c)) PART 2 OTHER SIGNIFICANT CONDITIONS CONSEQUENCE OF (c). 189 DATE OF OFFERION 190 DATE OF OFF	4 E	CGU	Pennsylvan i	a U	SA			Anne	(a frum)	Mel
Quincy M. Crawford Blonda Hillard 160 WAS DECEASED EVER IN US ARMED FORCES TO DO 170 NAME OF THE PROTECTION OF THE PROPERTION WAS PERFORMED 170 OF AS A CONSEQUENCE OF 181 CAUSE OF DEATH (Enter only one cause per June 100 (o.), (b) and (c)) 181 CAUSE OF DEATH (Enter only one cause per June 100 (o.), (b) and (c)) 182 PART I DEATH WAS CAUSED BY INMINISTRIC CAUSE (o.) 182 CAUSE OF DEATH (Enter only one cause per June 100 (o.), (b) and (c)) 183 - 12 - 1.966 Grace M. Carwford — same as #13 above All June 11 DEATH WAS CAUSED BY INMINISTRIC CAUSE (o.) 184 CAUSE OF DEATH (Enter only one cause per June 100 (o.), (c) and (c)) PART I DEATH WAS CAUSED BY INMINISTRIC CAUSE (o.) 185 CAUSE OF DEATH (Enter only one cause per June 100 (o.), (c) and (c)) 186 CAUSE OF DEATH (Enter only one cause per June 100 (o.), (c) and (c)) 187 DEATH WAS CAUSED BY INMINISTRIC CAUSE (o.) 188 CAUSE OF DEATH (Enter only one cause per June 100 (o.), (c) and (c)) PART 2 OTHER SIGNIFICANT CONDITIONS CONSEQUENCE OF (c). 189 DATE OF OFFERION 190 DATE OF OFF		10			11. NAME OF HOSPITAL OR II	ISTIFUTION (IF not in	haspital 12a USU	AL OCCUPATION (Kind of	work done 12	b. KIND OF BUSINESS OR
Quincy M. Crawford Blonda Hillard 160 WAS DECEASED EVER IN US ARMED FORCES TO DO 170 NAME OF THE PROTECTION OF THE PROPERTION WAS PERFORMED 170 OF AS A CONSEQUENCE OF 181 CAUSE OF DEATH (Enter only one cause per June 100 (o.), (b) and (c)) 181 CAUSE OF DEATH (Enter only one cause per June 100 (o.), (b) and (c)) 182 PART I DEATH WAS CAUSED BY INMINISTRIC CAUSE (o.) 182 CAUSE OF DEATH (Enter only one cause per June 100 (o.), (b) and (c)) 183 - 12 - 1.966 Grace M. Carwford — same as #13 above All June 11 DEATH WAS CAUSED BY INMINISTRIC CAUSE (o.) 184 CAUSE OF DEATH (Enter only one cause per June 100 (o.), (c) and (c)) PART I DEATH WAS CAUSED BY INMINISTRIC CAUSE (o.) 185 CAUSE OF DEATH (Enter only one cause per June 100 (o.), (c) and (c)) 186 CAUSE OF DEATH (Enter only one cause per June 100 (o.), (c) and (c)) 187 DEATH WAS CAUSED BY INMINISTRIC CAUSE (o.) 188 CAUSE OF DEATH (Enter only one cause per June 100 (o.), (c) and (c)) PART 2 OTHER SIGNIFICANT CONDITIONS CONSEQUENCE OF (c). 189 DATE OF OFFERION 190 DATE OF OFF	with Anth		Annapolis		give street oddress)	l Genera	l during m	ast at working life leven	fretired) IN	OUSTRY busine
Quincy M. Crawford Blonda Hillard 160 WAS DECEASED EVER IN US ARMED FORCES TO DO 170 NAME OF THE PROTECTION OF THE PROPERTION WAS PERFORMED 170 OF AS A CONSEQUENCE OF 181 CAUSE OF DEATH (Enter only one cause per June 100 (o.), (b) and (c)) 181 CAUSE OF DEATH (Enter only one cause per June 100 (o.), (b) and (c)) 182 PART I DEATH WAS CAUSED BY INMINISTRIC CAUSE (o.) 182 CAUSE OF DEATH (Enter only one cause per June 100 (o.), (b) and (c)) 183 - 12 - 1.966 Grace M. Carwford — same as #13 above All June 11 DEATH WAS CAUSED BY INMINISTRIC CAUSE (o.) 184 CAUSE OF DEATH (Enter only one cause per June 100 (o.), (c) and (c)) PART I DEATH WAS CAUSED BY INMINISTRIC CAUSE (o.) 185 CAUSE OF DEATH (Enter only one cause per June 100 (o.), (c) and (c)) 186 CAUSE OF DEATH (Enter only one cause per June 100 (o.), (c) and (c)) 187 DEATH WAS CAUSED BY INMINISTRIC CAUSE (o.) 188 CAUSE OF DEATH (Enter only one cause per June 100 (o.), (c) and (c)) PART 2 OTHER SIGNIFICANT CONDITIONS CONSEQUENCE OF (c). 189 DATE OF OFFERION 190 DATE OF OFF	ed v	13a	USUAL RESIDENCE (Where dece	ased lived	finstitution Residence before	13c CITY OR TO	WN 13d INSIDE CITY L	MITS? 13e STREET AND	NUMBER	ONIT DESERTE
Quincy M. Crawford Blonda Hillard 160 WAS DECEASED EVER IN US ARMED FORCES TO DO 170 NAME OF THE PROTECTION OF THE PROPERTION WAS PERFORMED 170 OF AS A CONSEQUENCE OF 181 CAUSE OF DEATH (Enter only one cause per June 100 (o.), (b) and (c)) 181 CAUSE OF DEATH (Enter only one cause per June 100 (o.), (b) and (c)) 182 PART I DEATH WAS CAUSED BY INMINISTRIC CAUSE (o.) 182 CAUSE OF DEATH (Enter only one cause per June 100 (o.), (b) and (c)) 183 - 12 - 1.966 Grace M. Carwford — same as #13 above All June 11 DEATH WAS CAUSED BY INMINISTRIC CAUSE (o.) 184 CAUSE OF DEATH (Enter only one cause per June 100 (o.), (c) and (c)) PART I DEATH WAS CAUSED BY INMINISTRIC CAUSE (o.) 185 CAUSE OF DEATH (Enter only one cause per June 100 (o.), (c) and (c)) 186 CAUSE OF DEATH (Enter only one cause per June 100 (o.), (c) and (c)) 187 DEATH WAS CAUSED BY INMINISTRIC CAUSE (o.) 188 CAUSE OF DEATH (Enter only one cause per June 100 (o.), (c) and (c)) PART 2 OTHER SIGNIFICANT CONDITIONS CONSEQUENCE OF (c). 189 DATE OF OFFERION 190 DATE OF OFF	omp owe	OUN	Maryl and	135 €	Anne Arundel	Annapo	lis YES N	° ₹ 324 Hi	llsmere	Drive
VR A15 VAC 24 FUNBERPET De y E. Hopping ADDRESS ADDRES	emo ony	14	FATHER'S NAME First					irst		
VR A15 VAC 24 FUNBERPET De y E. Hopping ADDRESS ADDRES	din garage		Quincy	M. C:	rawford		Blo	nda	Н	illard
VR A15 VAC 24 FUNBERPET De y E. Hopping ADDRESS ADDRES	on sicion and and and and and and and and and an	160	WAS DECEASED EVER IN U.S. A	RMED FORCE	S? 166- SOCIAL SECURITY	NO. 17 INFO	RMANT			
VR A15 VAC 24 FUNBERPET De y E. Hopping ADDRESS ADDRES	A SE PORTO	L			213-12-4	966 Gra	ce M. Carwf	ord - same	as #13 a	hove
VR A15 VAC 24 FUNBERPET De y E. Hopping ADDRESS ADDRES	I The Figure 1		18 CAUSE OF DEATH (Enter	only ane cau	se per line far/(a), (b), and (c		1.00	7) +	- , 1	APPROXIMATE INTERVAL
VR A15 VAC 24 FUNBERPET De y E. Hopping ADDRESS ADDRES	eoth india		PART 1 DEATH WAS CAUS	SED BY DIATE CAUSE	(a) () / / / / / / /	112011	1 Pl Til	ma Melan	elala -	3 111/5.
VR A15 VAC 24 FUNBERPET De y E. Hopping ADDRESS ADDRES	e d offe on,		1001		100.00		7.00	//		
VR A15 VAC 24 FUNBERPET De y E. Hopping ADDRESS ADDRES	the the nation				(b)		U			
VR A15 VAC 24 FUNBERPET De y E. Hopping ADDRESS ADDRES	tho an. by ran ran				TO, OR AS A CONSEQUENCE OF					
VR A15 VAC 24 FUNBERPET De y E. Hopping ADDRESS ADDRES	res /sici)	(c)					
VR A15 VAC 24 FUNBERPET De y E. Hopping ADDRESS ADDRES	phy sign bur	ı	PART 2 OTHER SIGNIFICANT C	onditions <u>c</u>	ONTRIBUTING TO DEATH BUT I	OT RELATED TO TH	E TERMINAL DISEASE OR (ONDIT ON GIVEN IN PART	1(a)	
VR A15 VAC 24 FUNBERPET De y E. Hopping ADDRESS ADDRES	ing een fhe	8								
VR A15 VAC 24 FUNBERPET De y E. Hopping ADDRESS ADDRES	s bus	B	19a. DATE OF OPERATION 19	CONDITION	FOR WHICH OPERATION WAS P	ERFORMED	20a AUTOPSY?			ERED IN CERTIFYING
VR A15 VAC 24 FUNBERPET De y E. Hopping ADDRESS ADDRES	Fig. 5 and V									
VR A15 VAC 24 FUNBERPET De y E. Hopping ADDRESS ADDRES	AN: Icate For theo			ING 21b	TIME OF INJURY IR A.M. Month Day Year	21c HOW	INJURY OCCURRED (Ente	r nature of injury in Part	1 or Part 2, 1tem 1	8)
VR A15 VAC 24 FUNBERPET De y E. Hopping ADDRESS ADDRES	SICI Spire spire ed t		(If either, natify medical exar		P.M.	9				
VR A15 VAC 24 FUNBERPET De y E. Hopping ADDRESS ADDRES	ho ho ch	-	21d MURY OCCURRED 21 While Nat while 1	e PLACE OF	INJURY (AT HOME, FARM STREET FA OFFICE BUILDING, ETC.	CTORY) 21f LOCAT	ION Street or R.F.D. Na	City or Town	Co.	inty State
VR A15 VAC 24 FUNBERPET De y E. Hopping ADDRESS ADDRES	t the Defined of the		at wark al wark				1/10		en .	
VR A15 VAC 24 FUNBERPET De y E. Hopping ADDRESS ADDRES	by Affe be Sto		22a. I certify that(II) (1	his hospit	al) attended the deceas	ed from	1. 1001	27 , to 4/25	19037	, that((we) last
VR A15 VAC 24 FUNBERPET De y E. Hopping ADDRESS ADDRES	med Red		causes stated aba	ve.(I)/(we	(did) d d not view the	bady after dea	th	man death accurred	an the date ar	id have and from the
VR A15 VAC 24 FUNBERPET De y E. Hopping ADDRESS ADDRES	F S S S S S S S S S S S S S S S S S S S		226 SHEMATURE	0	1.11/1 0			/	22c DATE	SIGNED
VR A15 VAC 24 FUNBERPET De y E. Hopping ADDRESS ADDRES	OR De r		6 ALLEAD	4 al.	Al Declas	PERKEE	ATTENDING PHYS	AED STAFF		21/10
VR A15 VAC 24 FUNBERPET De y E. Hopping ADDRESS ADDRES	AL oy oy NL D			()			22e. ADDRESS			181
VR A15 VAC 24 FUNBERPET De y E. Hopping ADDRESS ADDRES	SPIT Gr. d		NAME (Type) Edw	ard S	Beck, MD		Franklin	St. Annan	olis. Md	
VR A15 VAC 24 FUNBERPET De y E. Hopping ADDRESS ADDRES	HO.	23 a		DATE	23c NAME OF	CEMETERY OR CRE				unty) (State)
VR A15 V.C. 24 FUNDAVIER DE y E. Hopping ADDRESS . 250. RECD BY REGISTRAR S SIGNATURE	5		Burial AF	ril 2	3,1969 Hiller	rest Ceme	terv	Annamoli		
45M 1/60 HOPPING FUNERAL HOME - Annanolis Md. DAHAPR 2 9 1960 Williams 1		24	FUNDAVERODE V E.	Hom i	ADDRESS	The the	. 2Sa. RECD B	Y REGISTRAR 2Sb.	REGISTRAR S SIGNA	TURE
	45M 1/49	H	DPPING FUNERAL	HOME	- Annapolis,	Md.	DATEAPR	2 9 1969	Milanela	· Vicadae :

ATTEMPT OF MALE WILLIAM CONTRACTOR OF THE MALE THE



	•		Ιtι	tem6 per telephore call martiand State Department of Health	
	1/2		fi	tem6 per telephonivision of vital records, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OLS 20 CERTIFICATE OF DEATH	14824
	(.			THOUZ THE STATE OF BEATT	
	= = 2 = 1			DECEASED-NAME (Type or print) Lost 20. DATE OF DEATH	2b. HOUR
			f,	Month of Doy 8 Year	19693 BM
	5 <u>3</u>	М	3 SE	SEX 4. RACE S. DATE OF BIRTH 6. AGF (In years IF UNDER LYFE	
	も 完成する	V		7/3/ccA gst birthday), Months on	DAYS HOURS MIN
	2 5 6 G		70 E		
	aterical executed within 24 haurs after death icion and campletely filled in by the funeral lease remove carbon papers. Pages Top and in any event, within 72 haus after centh		COUR	URITY) AS I MAKKIED MEYER MAKKIED	
	etuted within 24 campletely filled ave carban pape	- 1	18 6	CITY OR TOWN OF DEATH 11 NAME OF HOSPITA, OR INSTITUTION (if got in bosnifo) 120 US 18 OCCUPATION (Kind of work door 120 US 18)	Md
			IV C	CITY OR TOWN OF DEATH 11 NAME OF HOSPITA. OR INSTITUTION (if not in hospital during most of working life, even firefired) 120 USJAL OCCUPATION (Kind of work done during most of working life, even firefired) 120 INDUSTR	D OF BUSINESS OR
	ed withi		(CTIEN BURNIC WITCO	
	pled		130	DISJAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CTY JIMITS? 13e STREET AND NUMBER 13b, COUNTY	
	dim dim	17	L	MARYLAND BARNE Arundel Clan Burki YES NO 306 31d. Ave S	S, E,
	sicion and complexes remave	, 1	14, F	FATHER'S NAME First Middle Lost IS MOTHER'S MA DEN NAME First Middle	Last
	and and in an	/-1		Chart lay to 1. SCal all.	f (B)
	physician physician en please avai, and	ŀ	160.	O. WAS DECEASED EVER IN J.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Address	heiser
				Yes, no, or unknown) (If yes give war or dates of service)	
	phy phy nen nava	ŀ			
	ne death cer attending p permit. The ian, or remo			18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY.	PROXIMATE INTERVAL FFN ONSET AND DEATH
	ne death attendii permit. ian, or re			IMMEDIATE CAUSE (o) WWW Color Contact & Cities Color	can
	ath an,	- 1		DUE TO, OR AS A CONSEQUENCE OF	
	the the usit p		- 1	Conditions, if any, which gave	10.11
	hat Y t ans em		- 1	inse to immediate couse (a),	conjec
	OR ATTENDING PHYSICIAN: The law requires that the death certificate becauted within 2 be retained by the haspital ar attending physician. **IRECTOR: After this certificate has been signed by the attending physician and campletely filled a 3 shauld be detached far use as the burial-transit permit. Then please remave carbon paged with the State Dept. of **Imalth priar to burial, cremation, or remave!, and in any event, within			storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
	bysi gne ir a				
	red D pl D si			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	ding ding the	_	₹.		
	IDING PHYSICIAN: The faw re is by the haspital or attending. After this certificate has been is be detached far use as the is state Dept. of ■afth priar to be		CERTIFICATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED II	IN CERTIFYING
	AN: The old or afficial to see		ä	YES NO CAUSES OF DEATH?	
	State of the state				
	Pital Pital Salah			OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year [1] either, notify medical examiner) P.M.	
	Pt se		F		Stote
	DING PHYSIC by the haspi iffer this cert be defached State Dept. a	- 1		While TO Not while TO VOFFICE BUILDING, ETC.	31016
	5 4 1 2 4		ľ	ot work of work of work of work of work of the deceased from 3/2.24 (5-19), to 1/8/6-19, the solution of the deceased from 3/2.24 (5-19), to 1/8/6-19.	
	DINA by Affer be Stat		- 1	sow the deceased glive an 19, and that in (my) (our opinion death occurrent on the date and ha	hat (I) (we) last
	OR ATTENI OR ATTENI be retained DIRECTOR: A ge 3 shauld ed with the			sow the deceased alive an	our and from the
	ATTER Straine Shaul		ŀ	226. SIGNATURE 22c DATE SIGNED	
	~ = = = = = = = = = = = = = = = = = = =			ATTENDING MED. STAFF	,
•	DIR DIR		ŀ	PHYS LET DIRECTOR LIPHYS L	
	may be RAL DIF		- 1	22d PHYSICIAN 9 22e. ADDRESS NAME (1796)	
	NE A		_		
	TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the		230	BURIAL, (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY- 23d. LOCATION (City or Town) (County)	(State)
	5 5 5 p 4	X		BURIAL H april 69 MEADOWRIDGE HOINARD COUNTY	1 191
	12	3	24 F	FUNERA DIRECTOR ADDRESS GREV 250 REC D BY REGISTRAR 250 DEGISTRAR S I GHAVERE	440
	VR A15 (4) 45M - 1/64			MIRKLEY FUNERAL Home BURNIE DAPR 10 1969 VOLLANDE	
		E		11200000	



MARYLAND STATE DEPARTMENT OF HEALTH

6,2 . . . ÷

m. bt.	10-11	1	07.027	DIVISION	OF VITAL RECORDS,	301 W. P		ET, BALTIMO		01 04	826
-			04834		•	CERTIFIC	ATE OF D	EATH			
	± −2±		ECEASED NAME First		Middle		Lost	20	DATE OF DEATH	n v	2b. HOURA M
	; after deot the funeral ages I and s after deot	1	ype or print) FRANK		ELLSWORTH		DAY W	11	APRIL Manth 8	3 Day 196	rear I
	fur fur ter	3. 5	X	4. RACE			S. DATE OF BIRT	ŀ	6. AGE (in year	TS IF UNDER	1 YEAR 1F JNDER 24 HRS
	the the safe		MALE	GA	UCASIAN		07 NOV	EMBER 1	920 last birthday)	YRS. MONINS	DAYS HOURS MIN.
	and Amaged	7a	BIRTHPLACE (State ar foreign	76. CITIZEN O	F WHAT COUNTRY?	8. MARRIED	NEVER MARRI		OUNTY OF DEATH		
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. be retained by the hospital or ottending physician. SIRECTOR: After this certificate has been signed by the ottending physician and completely fulled in by the funeral as shauld be detached for use as the burial-transit permit. Then please remove corbon papers pages 1 and 2 and with the State Dept. of Health prior to burial, tremation, or removal, and in any event, within 22 hours after death.	(00)	NEBRASKA		U. S	WIDOWED		_	NNE AKUNDEL		Md.
	cecuted within 24 completely fulled fove corbon pupe by event, within 25	10 (ITY OR TOWN OF DEATH		1 NAME OF HOSPITAL OR IN:	STITUTION (If r	at in haspital	12a. USUAL OC	CLPATION (Kind of work)	dane 12b K	CIND OF BUSINESS OR
	e executed within ond completely fille tremove corbon per nany event, within		ANNAPOLIS	!	give street address) NAVAL 1:00	SPITAL		during mast of	wark na life, even if ren NAVY	red.) INDUS	VERNMENT
	od v olete corb	13a	USUAL RESIDENCE (Where deceas	ed lived, if ins	stitutian: Residence befare			I, INSIDE CITY LIMITS?	13e. STREET AND NUMB		
	eve eve	aam	ISSION) STATE	13b COUN ANNE	ARUNDEL	ANNA	POLIS	res 🔀 🛮 NO 🗌	115 STAMS	DRIVE	
	To le le		FATHER S NAME First	Midd		1	MOTHER'S MAID	EN NAME First	Mid	dle	Last
	Se ex		FRANK E. DAY	7				EVA		STE	INHELBER
	t the death certificote As the ottending physician sit permit. Then please notion, or removol, and is	160	WAS DECEASED EVER IN U.S. ARA	LED FORCES?	16b. SOCIAL SECURITY	NO. 17	INFORMANT		Addr		
	hys of,		'es, na, ar unknawn) (Il yes give w YKS 197.5	or or dates of servec	52318519	21 E	MMA R. I	AY 11	5 SIMMS DRIV	/E	
	cerri mo mo		18. CAUSE OF DEATH (Enter an		er line far (a), (b), and (c))				Br	APPROXIMATE INTERVAL IETWEEN ONSET AND DEATH
	aft ingit in it.		PART I DEATH WAS CAUSEI	BY- TE CAUSE (a)	ACUTE HENO		C PANCKE	ATITIS			
	offer on, o		1 1 73		OR AS A CONSEQUENCE OF						
	# # # # # # # # # # # # # # # # # # #		Canditians, if any, which gave)	{b}.							
	hat n. by t ans	П	rise to immediate cause (a), stating the underlying cause	DUE TO,	OR AS A CONSEQUENCE OF						
	es l sicio sicio ed t ed t sl-fr	ı	last.	(c)							
	equires that the death certificate be executed within 2 physicion. signed by the ottending physician and completely fulleburial-transit permit. Then please remove corbon per burial, cremotion, or removol, and in any event, within	l	PART 2 OTHER SIGNIFICANT CON	DITIONS CONT	RIBUTING TO DEATH BUT N	OT RELATED T	O THE TERMINAL D	ISEASE OR CONDI	TION GIVEN IN PART 1(a)		
	ng Ing Ing Ing Ing Ing Ing Ing Ing Ing I	_									
	AN: The law re all or ottending icate has been for use as the Health prior to	CERT FICATION	19a. DATE OF OPERATION 19b.	CONDITION FOI	WHICH OPERATION WAS PE	RFORMED	20a. AUTOPS	A.S.	20b IF YES, WERE FIND	INGS CONSIDERE	ED IN CERTIFYING
	The offer has has	ΙĔ	7 APR 69 II	ITESTIN	IAL OBSTRUCT	UON	YES 🟋	NO 🗔	CAUSES OF DEATH?		
	AN: The all or officiate ha for use Heolith		2+a ACCIDENT WAS UNDERLYIN	G 21b. TIA	AE OF INJURY		OW INJURY OCCUP	RRED (Enter natu	ure of injury in Part 1 or P	'art 2, Item IB.)	
	5 音音音 また また	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	HOUR /	, M	9					
	rosp cer cher	WE.	21d INTURY OCCURRED 21e	PLACE OF INJU	JRY (AT HOME, FARM, STREET, FA	(TORY.) 21f. L	OCATION Street	or R.F.D. Na.	City or Town	Count	ty State
	he he this this lets		While Nat while at wark at wark		COTTACE BUILDING, ETC.			<u> </u>			
	ING Y t ter ter ter tate	1	22a. I certify that (1) (th	is haspital)	attended the deceas	ed fram_		, 19	, ta	_, 19	, that (I) (we) last
	ND Sed B		saw the deceased a	live an	did) (did nat) view_the	9 an	d that in (my)	(aur) apiniar	death accurred an t	he date and	haur and fram the
	Figure 3 State		22b. SIGNATURE	, (I) (We) (ala) (ala nar) view ine	bady affer	geam.			22c. DATE SIG	NED COMP
,	R A A SEC 3 S S S S S S S S S S S S S S S S S S		ZZD. SIGNATURE		1////	DEG	REE PHYS.	MED.	OR STAFF		IL 1969
	0 a a a a		22d. PHYSICIAN S		////wy	V- DEG	22e ADDRE	DIRECT	OK C PRIS. C		
	RAI RAI be be		NAME (Type)	KILKIN	GER LCDR/II	SN MC	NAVAI		AL ANNAPOL	IS. MD.	
	S 4 S S S S S S S S S S S S S S S S S S	22.0	BURIAL (REMATION. 23b.	DATE		CEMETERY OF			LOCATION (City or Town		ty) / (State)
	Poge 4 may be retained by the haspital or ottending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burnol-transhould be filed with the State Dept. of Health prior to burial, cre	(10	BURIAL, CREMATION, 23b.	1/_/	9 401	th To	Int	1	tolaineto	(cusin	1/2.
		24	PUNERAL DIRECTOR	110	ADDRESS		1 H 2	Sa. REC'D BY REC	GISTRAR 25b/ REGIS	TRAR'S SIGNATU	JRE
	VR A15 (4) 30M REV 1768	L	Va M Jathy	Smil	(Pullan	di V	nd.	PAPR 1	1 1969 177	invley (redge.
		-	War I. T. An Ing		- Company	V	. 100	FII II A	1000		



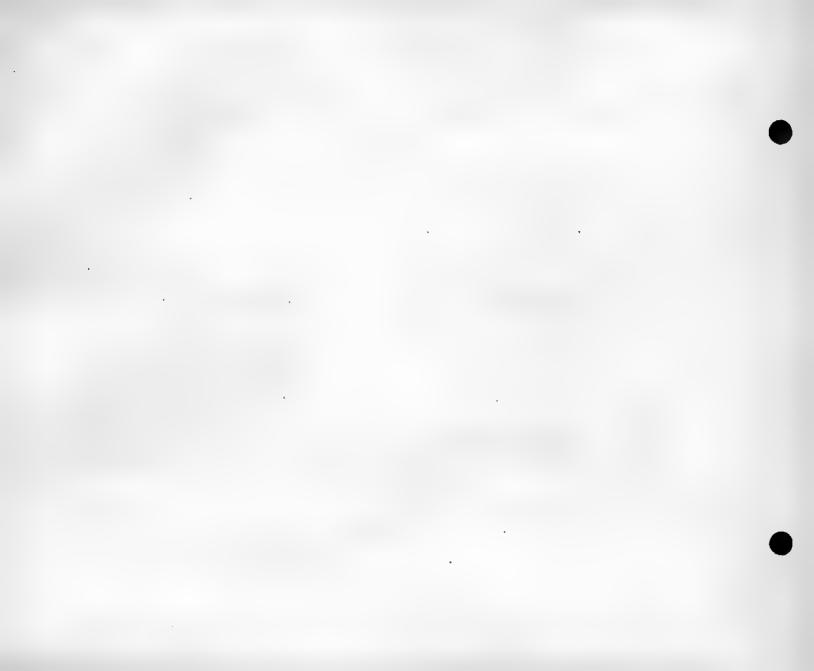
.)	1 2/1/	1		Division of vita		O STATE DEPAK			/IAND 21201	•		
1	W		04835	D17131011 01 7711		ERTIFICATE O		none, man	TAIL LILVI		-0.4	827
death.	and 2		CEASED-NAME Pirst (#003	ge J.	Middle	Donina Lost		2a. DATE OF D		¹ 0469	Yeor	2b. HOUR 5:300 M
within 24 haurs after death	e を指	3. SE	male	4 RACE white		S. DATE 0	F BIRTH 1-10		6 AGE (In years last birthday)	MONTH	OER I YEAR	F JHDER 24 HRS. HOURS MIN.
Manual Ma	d in by pers. P 72 hau	7a E caur		76. CITIZEN OF WHAT CO USA			VORCED	COUNTY OF D	MATH Marund	le]		Md.
within	ely fille bon po within	(TY OR TOWN OF DEATH	give street of	orth Ar		ol 120 JSUAL dugng gogs	OCCUPATION (Kind of work dan Leven if retired	e 12) IN	b KIND OF E Dustry	BUSINESS OR
exerceded	omplet ove cor v event,	adm	USUAL RESIDENCE (Where decease serion) STATE Pa.	d lived, if institution: Re 196 COUNTY		13c city or town Aliquippa	13d INSTOE CITY LIMI YES NO	_	et and number Beaver 1	lve.		
bee	se remo	7	ommine	Middle	Dom 11	nA	MAIDEN NAME FIRE	LeA	M.ddle	c.F.	:26	Last / O
Tificate	ohysicia sn pleo val, on		WAS DECEASED EVER N U.S. ARME es, na, ar unknawn) (If yes give wo	D FORCES? 16b :	SOCIAL SECURITY N	17. INFORMANY	Per	gree	626 D	RA	NKL	-10
he law requires that the death certificate be	D FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by A director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pag should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 haurs.		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIAT	ane cause per line far BY: E CAUSE (a)	(a), (b) and (c))	}					BETWEEN OF	AYE INTERVAL ISET AND DEATH
at the d	the att		Canditions, if any which gave rise to immediate cause (a).	DUE TO, OR AS A Co	ONSEQUENCE OF HRTCR	10 SCL F	ERUSIS					
ires tha	signed by the buriol-transit p buriol, cremation		stating the underlying cause last.	DUE TO, OR AS A C								
w requ	een sig the bur r to bur	NO	PART 2 OTHER SIGNIFICANT CONE	(Route	Myreardia	I ufai	elt	, ,			
The la	s hos b use as Ith prio	CERTIFICATION		ONDIT. ON FOR WHICH OP		YES		CAUSES (ES, WERE FINDING OF DEATH?			RTIFYING
SICIAN: spitol of	erthficate ed for 1 of Hea	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF GEATH (If either, natify medical examine	r) HOUR A.M. Mai	nth Day Year 19		OCCURRED (Enter I					
G PHYS	this ce detache te Dept.	M	at wark at wask	LACE OF INJURY (AT HO)		1, 1, 1	10	City a	r Tawn		unty	State
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 moy be retained by the hospital or attending physician.	O FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be defached for use as the should be filed with the State Dept. of Health prior to		22a. I certify that (i) (this saw the deceased all causes stated abave,	ve on	13	', and that in	(my) (our) opin	ion death or		dote o	, that nd hour (
OR AT	ore 3 sho		22b. SIGNATURE	.) B. Ron	mirz /		NDING ME	D. RECTOR	STAFF D	C. DATE	SIGNED /	69
SPITAL 4 moy	JERAL C or, pog Id be fill		22d. PHYSICIANS NAME (Type)	J.B.R	Amin	€2_ 22e.	ADDRESS 325	bup-ta	PB3	in 1.	Zun	md
TO HOSPITA! Page 4 moy	To FUP		BURIAL, CREMATION, 23b D. REMOVAL (Specify)	669	mi	EMETERY OF PREMATOR	~ Com	23d LOCATION	(City or Town)	(Co	Junty)	A State
	VR A15 (4) 30M REV 1/68	24	FUNERAL DIRECTOR	m Fr.	ADDRESS	Balto	MAPR	PEGISTRAR 1	98° KANA		Jac.	age.



	1				ALE DEPAKIME			
		04836	DIVISION OF VITAL RECOI		N. PRESION SIKE			4828
a sie	10	ECEASED NAME First	Middle	CERT	Lost		DATE OF DEATH	
to se to		Type or print) Franci			DORSEY	20.	April 17 Doy	2b. HOJRP
	3. 5		4 RACE		S. DATE OF BIRTI	H	6 AGE (In years	FUNDER LYEAR IF UNDER 24 HRS
24 hours after death d in by th runga pers. Pagis rend 72 hours after seath		Male	White		November			MONTHS DAYS HOURS MIN
by Pours		BIRTHPLACE (State or foreign 7	76 CITIZEN OF WHAT COUNTRY?	8 MAG	RIED X NEVER MARRIE		UNTY OF DEATH	
24 hours led in by thopers. Papers. Pa	WE	ishington, D.C.	U.S.		WED DIVORCE		nne Arundel	hM
0) ~ ~		CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL	OR INSTITUTIO	N (If not in hospito		PATION (Kind of work done	12b KIND OF BUSINESS OR
\$ 35 x		Annapolis	ave street address)		n. Hospital	daring most of	working life, even if retired.)	INDUSTRY
The low requires that the death certificate be executed within attending physician. has been signed by the attending physician and completely filliss os the burial-transit permit. Then please remove teathon poth prior to burial, cremation, or removal, and in any event, with the prior to burial.	13o odm	USLA. RES DENCE (Where deceosed issen) STAU Maryland	d riged, if institution Residence by County VPr. Georges			L INSIDE CITY LIMITS? ES NO	13e STREET AND NUMBER 2613 Kirkwood	Place
T CO	_	FATHER S NAME First		ost	.S MOTHER'S MAID		M odle	Lost
onc in o		James	Dorsey		The state of the s		herine	Ganley
are cran eas	160	. WAS DECEASED EVER IN U.S. ARME	ED FORCES? 16b SOCIAL SECU	RITY NO	17 INFORMANT		Address	3
hysi n pl		(es, no, or unknown) (II yes give war	or dates of service) 577 10	0929	Mary E	Dorsey	Hyatts	ville, Md.
rer The The		18 CAUSE OF DEATH (Enter only	ane couse per Ine for (a) (b) or	id (c))		1- 1	. 1	APPROXIMATE INTERVA. BETWEEN ONSET AND OFATH
eath endir		PART I. DEATH WAS CAUSED	E CAUSE COLLECTE &	Chron	ie congrey	ine kea	rt failure	one week
afte afte on,		4125	DUE TO, OR-AS-A CONSEQUENCE	E OF	· 1/4.	0 1	[h :	
the sit		Conditions, if ony, which gave) rise to immediate cause (a),	(b) allvanoed	artee	ncloratic	wart	aisease	gean
tron cre		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE	E OF				
urres ysic ned rial-		last	(c)					
he low requires the aftending physician has been signed by e os the burial-troith prior to burial, cre	_	PART 2 UTHER SIGNIFICANT COND	ONTIONS CONTRIBUTING TO DEATH	JI NOT RELAT	ed to the terminal of	spase or conditi	ON GIVEN IN PART 1(0)	
The low ratending has been se os the th prior ta	CERTIFICATION	190. DATE OF OPERATION 19b. CC	ONDITION FOR WHICH OPERATION W	AS PERFORME	200. AUTOPSY		20b IF YES, WERE FINDINGS CO	INS DERED IN CERTIFYING
The attre has se of the poly	E				YE SX [2X]	NO 🗌	CAUSES OF DEATH?	
I or use		210. ACCIDENT WAS UNDERLYING		2	TO HOW INDURY OCCUR	RED (Enter notur	e of injury in Port 1 or Port 2, it	em 18)
SICIA Printific and fee	MEDICAL	OR CONTRIBUTING CAUSE OF CEATH	er) P.M.	19				
A HOSPITAL OR ATTENDING PHYSICIAN: The low reading a may be retained by the hospital or attending by FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use os the should be filed with the State Dept. of Health prior to	×	While Not while	PLACE OF INJURY (AT HOME FARM STR. OFFICE BUILDING, ET	et factory.) 2	of LOCATION Street o	r R.F.D. No.	City or Town	County State
NG / the			bosnitol) attaward the do	renend from	· PIII	10 65	to april 1710	67 that //\ / / / / lock
NDING d by t After d be c		22a. I certify that (!) (this saw the deceased aliverages stated abave,	ve on Will 17	1969	, and that in (my)	(our) opinion	deoth occurred on the dat	e and haur and from the
OR THE			(1) (WS) (did did not) view	the body g	Her death.	· · · - · - · · · · · · · · · · · · ·		
OR ATTENDIN be retained by JIRECTOR: Afte e 3 should be ed with the Sta		22b SIGNATURE	Fr South		DEGREE PHYS	MED DIRECTO	STAFF 22c D	ATE SGNED
y be placed		22d ANYSICIAN'S	1 - Yrrman		DEGREE PHYS. 22e ADDRES		R L PHYS L	110/67
PITA THO I', P			d F. Smith, M.I).		Side,	Md.	
O HOSPITAL Page 4 moy O FUNERAL I director, page should be fil	23 o.	BURIA. CREMATION 23b. DA	ATE 23c NAM	E OF CEMETER	Y OR ORDWAISENC	23d	.OCATION (City or Town)	(County) (State)
Page 4 may be retained To FUNERAL DIRECTOR: director, page 3 should should be filed with the		REMOVAL (Specify) Burial Apri	il 21 1969 Our 1	Lady o	f Sorrow cl	hurch 0		lvert Nd
	24	CHMCDAL DIDECTOD	ch's Sons Hyat	RESS	2S	APR 2 2	STRAR 2Sb, REGISTRAR'S	IGNATURE
VR A15 (4) 45M - 1/69	L	r. uasc	on's ons nyat	tsville	D. PICL	Arkzz	1969 (Cliane)	a Kank a



	+-	₹ .	DIVISION			RESTON STREET, BAL		DVIAND 91901	0.7	000
		F + 1 10483	7			ATE OF DEATH		KILAND ZIZUI	04	829
1 and 2 ir death.		ECEASED-NAME First		Middle		Lost	2o. DATE OI	DEATH		2b HOUR
			ay	Fisher		Dworitz		Month D	^{оү} 6 ^{Үеог} 69	6:30am
	3 5	Female	4. RACE	The date of		S. DATE OF BIRTH		6. AGE (In years	IF UNDER I YEAR MONTHS OAYS	IF UNDER 24 HRS.
	70			WHAT COUNTRY?	0	7/24/93	la aniina a	last birthday) YRS		
	(0)	ntry) unknown	70. CITIZEN OF	US	O- MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 COUNTY OF	Arundel		
1	10.	CITY OR TOWN OF DEATH	11	NAME OF HOSPITAL OR INS	TITUTION (IE o	ot in hospital 120 US	IAL OCCUPATION	(Kind of ware done	12b KIND OF	BUSINESS OR
Y		Crownsville	gı	Crownsville	State	Hospital	nost of working	life, even if retired }	INDUSTRY	
2	13o odm	USUAL RES DENCE (Where deceose sign) STATIAND	d lived, if inst	itution: Residence before Limore	13c CITY OR			REET AND NUMBER		
, , ,		FATHER'S NAME First	Widdle			IMOLE		S. Dilla	Street	
7,	1.4.	Rafael		e lost Dworit		MOTHER'S MAIDEN NAME		Middle	m 4	Lost
	160	WAS DECEASED EVER IN ILS ARM	D FORCES?	16b SOCIAL SECURITY I		NFORMANT	Anna	Address	Zeleg	man
	1	res, no, or unknown) (If yes give wo	r or dates of service)	217-01-23		ospital Reco	ords Cr		Marvia	nd
		18 CAUSE OF DEATH (Enter only	one couse pe				<u> </u>	- ' /	APPROX.A	MATE INTERVAL NSET AND DEATH
1		. PART & DEATH WAS CAUSED	BY: E CAUSE (o)	Undater		ted abelow	inal	Tumo	i buntan o	ADEL AND DEATH
		3 11	, , –	R AS A CONSEQUENCE OF	,	, 4				
		Conditions, if any, which gave a rise to immediate couse (a),	(b)_							
, ×	1	stoting the underlying couse	DUE TO, O	R AS A CONSEQUENCE OF		*				
		PART O OTHER SIGNIFICANT CON	(t)	IDITING TO DEATH BUT IN	T D1:4750 V					
	١	PART 2 OTHER SIGNIFICANT CONI	1 tags	IBUTING TO DEATH BUT NO	KELAIED 10	THE TERMINAL DISEASE OR	CONDITION GIVE	N IN PART I(o)		
	VION	_//	ONDITION FOR	WHICH OPERATION WAS PER	PALLE RÉORMED	2Do. AUTOPSY?	2Db. 1F	YES, WERE FINDINGS	CONSIDERED IN CO	PTIEVING
X	CERTIFICATION					YES NO	CALICEO	OF DEATH?	20115/10/21/05/11/11	ACT TATE
		210. ACCIDENT WAS UNDERLYING		OF INJURY	21c HC	W INJURY OCCURRED (Ent	er noture of inju	ry in Port 1 or Port 2	, Item 18.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF CEATH	er) Pl	M						
	2	21d. INJURY OCCURRED 21e. I While Not while 1 pt work of work	LACE OF INJUR	Y (AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC."	ORY,) 211. LO	CATION _ Street or R.F.D. N	o. City	or Town	. artis. County	State
		22a. I certify that (I) (this	hospital) a	ittended the decease	d fram	11/19 , 19_	68_, ta	4/6_,1	9 <u>69</u> , that	(I) (we) last
	ı	saw the deceased ali causes stoted obave,	ve on	d) (did not) view the l	ondy after d	l that in (my) (our) op leath	pinion death (occurred on the d	ote and hour	and fram the
		22b. SIGNATURE	711		rady arror d			220		
	L		9	wynes	DEGRI	EE PHYS	MED DIRECTOR	STAFF PHYS.	DATE SIGNED	
		22d. PHYSICIAN'S NAME (Type) Alber	to Gon	zalez, M.D.		22e ADDRESS Crownsvil	le Stat	e Hospital	l, Maryl	and
	23o	BURNAL CREMATION, 23b D. REMOVAL Specify)	22/6	g 2% NAME OF			3	ON (City or Town)	(County)	(State)
	24	FUNERAL DIRECTOR	has hand the	ADDRESS	V-d.	led lewort	BY REGISTRAR	2Sb. REGISTRAR		
K							2 4 196		Con Oseda	
	Berner					B2118	(67.77)	Carlotte Company	TANKS VALUE OF	AT .





. 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
4	04839 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04831
ir death. funeral 1, and 2 ef death.	1 DECEASED NAME (Type or print) LILIAN A. ENGIEHART APRIL Month 5 Doy 196 gear 1038 M
urs after	3 SEX. 4. RACE 4. RACE 5 DATE OF BIRTH 6 AGE (In years if UNDER 24 HRS. 1 STATE OF BIRTH 6 AGE (In years if UNDER 24 HRS. 1 STATE OF BIRTH 1 STATE O
illed in Syppers	To BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED A.A.G. Md
ed within 24 pletely filled carban pape ent, within 77	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working the even if retired) 120 USUAL OCCUPATION (Kind of work done during most of working the even if retired) 121 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working the even if retired) 122 USUAL OCCUPATION (Kind of work done during most of working the even if retired) 123 USUAL OCCUPATION (Kind of work done during most of working the even if retired) 124 USUAL OCCUPATION (Kind of work done during most of working the even if retired)
ote be executed with cidin and completely ease remove carbon and in any event, with	130 USJAL RESIDENCE (Where deceased lived; if institut an Residence before admission) STATE 130 USJAL RESIDENCE (Where deceased lived; if institut an Residence before admission) Baltimore 13c CITY OR TOWN 13d INSDECTY LIMITS? 13e. STREET AND NUMBER ROUTE F44 Boy 431 14. FATHER S NAME 15. MOTHER S MAIDEN NAME First Middle 16st
n and in and din at	William A. Duvall Margaret Ward
ertificate be exemply sicion and conn please remainany	160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dotes of service) 16b SOCIAL SECURITY NO. 17 INFORMANT Address
equires that the death or physician. signed by the attending burial-transit permit. To	IB CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Laction of the immediate cause (b), and other than the pulling of the immediate cause (c), and t
PHYSICIAN: The law ne he haspital ar attending this certificate has been letached far use as the subspire of Health priar ta	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? YES NO CAUSES OF DEATH? 216. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 1236. HOW INJURY OF
SICIAN: spital ar srtificate ed far u	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year
G PHY: the har this ce detach	While Not while of work of work of work
	22a. I certify that (I) (this haspital) attended the deceased from alle 16, 1968, to april 16, 1967, that (I) (we) last saw the deceased alive an april 15, and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated above, (I) (we) (did) (did not) view the bady after death.
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld s, shauld be filed with the	22d. PHYSICIANS 22d. PHYSICIANS 22d ADDRESS ATTENDING DIRECTOR DIR
OSPITATION OSPITATION OSPITATION OF THE PROPERTY OF THE PROPER	7 Jack 1. Stern. M. D. 425 Alterna nwy, S. E. Glen Surnite, Md.
Page 70 FL dire	Burial 4-19-69 Meadowridge Cemetery Dorsey Rd. Howard Maryland
VR AIS NO.	24. FUNERAL DIRECTOR Howard H. Hubbard 4107 Wilkens Ave 21229 ADDRESS DATE APR 18 1989 ZSO REC D BY REGISTRAR 255 PROPERTY STATEMENT AND ALL STATEMENT AN

there is it is a contact the

Jecon to the same

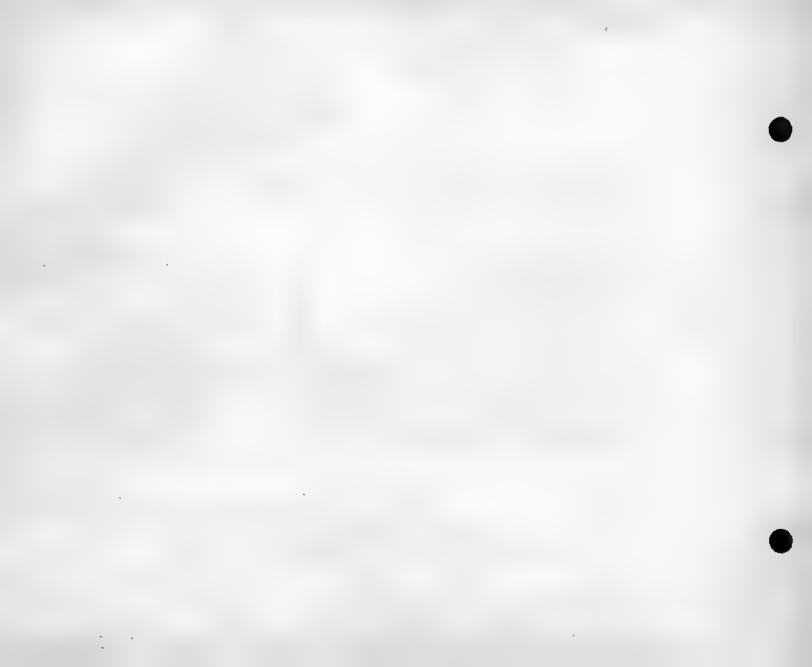


1				JIMIE DEFAKTI					
	04843	DIVISION OF	VITAL RECORDS,	301 W. PRESTON ST	REET, BALTIM	IORE, MARYLANI	21201	0.0	200
	114041		(ERTIFICATE OF	DEATH			0.42	833
1 D	ECEASED-NAME Fir	st	Middle	Last		2a. DATE OF DEATH			2b. HOUR
	Type ar print)					Mar	ith Day	Year	10. 1100K
0 -	HOWAR		E	EWING		APRTI	28	1969	7.35
3. 5	ŧХ	4. RACE		S DATE OF BI	IRTH	6. AGE	(In years irthday)	IF UNDER YEAR MONTHS DAYS	HOURS MIN
	MALE	V	VHT TE	6-4	-96	72	YRS,		, and
7a.	BIRTHPLACE (State or fareign	76. CITIZEN OF WH	AT COUNTRY?	8. MARRIED [] NEVER MAR		COUNTY OF DEATH			
cau	ntry)	TT C		_	RCED [7]				ш
D.	BALTIMORE M		ME OF HOSP TAL OR INS	ITUTION (If not in haspital	12g USUAL	OCCUPATION (Kind al	work done	126 KIND OF E	OO 223MIZIIB
		gives	treet address)			of working life eve		INDUSTRY	acting
130	CILEN BURNIE USUAL RES DENCE (Where dece	MD NOI	TH ARUNDE	L HOSPT TAT.	3d INSIDE CITY , IM.T			COLLET	ac crud
	issian) STATE	13b COUNTY	on kezideure beidle	13C CITE OK TOWN	YES NO	_ 100 0111001 1410			
	PYLAND	ANNEAL	THE RESERVE AND ADDRESS OF THE PARTY OF THE	PASADENA	3	<u> </u>		43 B. L	JNG PT.
14	FATHER'S NAME First	Middle	Last	1s. MOTHER'S MA	AIDEN NAME First		Middle		Last
	Lloyd		<u>wing</u>		Mar	y	ennin		
160	. WAS DECEASED EVER IN U.S. A	RMED FORCES? e war or dates of service)	16b. SOCIAL SECURITY N	O. 17. INFORMANT			Address S	Same As	#13
		war or dotes at survice)	219 81 86	81 Mrs. 1	Marie E	. Ganzern	iller	(daugh	ter)
	1B. CAUSE OF DEATH (Enter	anly ane cause per lin		. 67	1	. 7		APPROXIM	LATE INTERVAL ISET AND DEATH
	PART I DEATH WAS CAU	SED BY	1) ou	to les	him	ton 10	21011	SCIVILLY OF	A / / / -
	4 · IMME	DIATE CAUSE (c)	S A CONSEQUENCE OF	-07	10	7 1	00//00	-	AF-00-07
	Conditions, if any which gav	P.)	S A CONSEQUENCE OF	. 1. 0.	6.4	De la companya della companya della companya de la companya della		Med	8 ,
	rise to immed ate cause (a)	(b)	S A CONSPONENCE OF	is a song	any.	- Thung		1	7
	stating the underlying caus	DUE TO, OK A	S A CONSEQUENCE OF	, 1. 10	anti			1	a
	lost	(c)	1 y co	ierrep	7//	~~~~		1	-au
	PART 2. OTHER SIGNIFICANT C	ONOTIONS CONTRIBUT	ING TO DEATH BUT NO	RELATED TO THE TERMINA	LL DISEASE OR CON	IDITION GIVEN IN PAR	l (a)		
No		Ollie	raly 6	nille	wille	>			
CERTIFICATION	190 DATE OF OPERATION 19	b, CONDITION FOR WHI	CH OPERATION WAS PER	FORMED 200. AUTO	OPSY?	20b. IF YES, WE CAUSES OF DEA		ONSIDERED IN CE	RTIFYING
RTIE				YES [
	21a ACCIDENT WAS UNDERLY			21c HOW INJURY OC	CURRED (Enter n	ature of injusy in Par	t I ar Port 2 I	Item 18.)	
3	or contributing Cause of D		Month Day Year						
壓	21a INJURY OCCURRED 21		AT HOME, FARM, STREET, FACT	ORY.) 21f. LOCATION Street	et ar R.F.D. Na	City or Town	1	County	State
	While Not while at wark	,	OFFICE BUILDING, ETC	1 10/	0 /1	a In	200	10	
	22a I anatifu ab at (1) (this hospital) atta	nded the decease	d from	19 190	/ to //	4 10	97 that	(I) (we) los
	saw the deceased	alive on	1178	a rom. , and that in (m pody after deoth.	inice (tup) (y	on death accurre	d an the do	te ond hour o	and from the
	causes stated aba	ve, (I) (we) (did)	did not) view the b	ody ofter deoth.	11 () -4				
	22b. SIGNATURE		1					DATE SIGNED 1	10
	6	W79_0	We V	DEGREE PHYS	NG MED DIRE	CTOR STAFF		1/29/1	97
	22d. PHYSICIAN'S		CB 2/1	22e. ADD		- 1110	17	1	1
	NAME (Type)	100	1-XAN H	10 7	11/6	142hu	2 Du	7 bley	1sug
30	BURIAL, CREMATION 231	DATE	23c NAME OF C	EMETERY OR CREMATORY		23d. LOCATION (City of	ır Tawn) 📝	((aunty)	(State)
	REMOVA_(Specify)	lav. 2. 19			h Cem.	Baltimo	,	' "	arvlan
24.	FUNERAL DIRECTOR		noletoner			REGISTRAR 256	REGISTRAR S	SIGNATURE	GTATUL
	1 Talor		_		DAMAY	1 1969	Eller	Can Jundy	LE.
		Gl	<u>en Burnie</u>	. Maryland	VAIL			11 1	

RANDIVI ABID CTATE DEDADIBLESIT ME ALEATTU



pro-	1		MARILAN	ID STATE DEPARTMENT O	F REALIN	
1)		04842	DIVISION OF VITAL RECORDS,			
		WACAR		CERTIFICATE OF DEAT	H	04834
モ - 2 E		ECEASED-NAME F rs		l.ast	20 DATE OF DEATH	2b. HOUR
death ond 2	(Type or print)	de E.	2.8.	Month Doy	Yeor . 25
	3 5	FY I/VELL	4 RACE	Takey	4 1	69 10°AM
4 44	1 1	L n	3 . 1 / 0	5 DATE OF BIRTH	6 AGE (In years last birthday)	IF JINDER I YEAR IF UNDER 24 HRS.
urs affe		Januale	White	8/4/18	86 82 YRS.	
hou in by irs.		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED [NEVER MARRIED [9. COUNTY OF DEATH	
d ir per		Okis	U.S.A.	WIDOWED DIVORCED	A.A.	Md
oin 24 filled pape pape hin 73	10	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	STITUTION (If not in hospital 12a (USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
executed within 24 hours after death and completely filled in by the recoil amove corbon papers. Pages ond 3 ony event, within 72 hours after death	上	Dow Burnie	give street address)	C.C.	g mast of working life, even if retired.)	INDUSTRY
ecuted with completely ove corbor y event, wi	130	USUAL RESIDENCE (Where decer	ised lives, if institution Residence before	13c CITY OR TOWN 13d, INSIDE C	CITY LIMITS? 13e. STREET AND NUMBER	
m mb	adm	issian) STATE	136 COUNTY	Bact. YES	The Contract of the House	· . n-1
X X X X	14	FATHER S NAME First	Middle Last	15. MOTHER S MAIDEN NAM	1 - 5 - 5 - 7 - 7 - 7 - 7	10 9×9.
D - E				13. MOITEK 3 MAIDEN NAN	AE First M.ddie	V Last
e death certificate of the control o	160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECURITY	NO 17 INFORMANT	-Addms	11000000000
hys		es, na, or Liknown) (Tyes give	war or dates of service; 2/7-72-/	59019 MARY L.A	FAUTHER BUENE	NOGHADEDR,
no de p		IR CAUSE OF DEATH (Fotor of	nly one cause per line for (a), (b), and (c).	12.00	HAILE CAEF BOR	APPROXIMATE INTERVAL
# ig . i		PART I DEATH WAS CAUS	D BY:	101 1.	18: 14.	BETWEEN ONSET AND DEATH
dec tren tren;		LLD 17 / IMMED	IATE CAUSE (a)	- curcuentar	facquie	Hours
e of pe		Canditume of any which are	DUE TO, OR AS A CONSTQUENCE OF	100	8	A. He
ot the the stiff		Canditions, if only, which gave rise to immediate cause (a),	(D)	o Vaccular	vecident.	wayy.
ion. tra		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
N: The law requires that the or attending physicion. The has been signed by the ruse as the buriol-transit positive prior to buriol, cremative the control or the buriol, cremative the buriol, cremative the buriol, cremative the control or the con		last	(c)			
phy sign bur		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(a)	
law randing peen street ior to	22		gggs the agency agency			
lay lay	Ĭ	19a DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?	20b IF YES, WERE FINDINGS (ONSIDERED IN CERTIFYING
YSICIAN: The ospital or attercertificate has hed for use ost. of Health pri	CERTIFICATION			YES NO	CAUSES OF DEATH?	
2 9 9 7 9		21a ACCIDENT WAS UNDERLYI	NG 216 TIME OF INJURY		Enter nature of injury in Part 1 or Port 2, 1	tem IR\
E	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. Manth Day Year			10.11
Sp. Cert	WED				M. Z. T	
oING PHYSICIAL by the hospital ffer this certifica be detached for		While Nat while	PLACE OF INJURY (AT HOME, FARM, STREET FAC	Jan LOCATION Stilled of KYD	No. City or Town	County State
5 t t t ab ta		at work at wark		0.00	(1)	19
Afte be Sto		saw the deceased of	nis haspital) attended the decease	ed from	9 <u>0</u> , ta <u>9</u> , 19	b_1, that (I) (we) last
OR ATTENI be retained birECTOR: A je 3 should ed with the	ł	causes stated abov	e, (I) (we) (did) (did nat) view the	716.21, and maringmy) (aur) i	apinion death accurred on the da	te and haur and tram the
ATI Strong		22b SIGNATURE		oway orre- dealist	77/1	DATE SIGNED
OR Direction	1		out I Quile	DEGREE PHYS	MED STAFF DIRECTOR PHYS	11/19
1		22d, PHYSICIAN'S		22e. ADDRESS	DIRECTOR CE PRIS	1/1/0/
RA DE PITA		NAME (Type)	a vy-ay, 1.	10	15 lytern	Mary Cala
TO HOSPITAL OR ATTENDING PHY Page 4 may be retained by the h TO FUNERAL DIRECTOR: After this director, page 3 should be detact should be filed with the State Dep	225	BURIAL, CREMATION, 23b.	DATE / 1 23c NAME OF	CEMETERY OR CREMATORY	Selly Prince A	7 7 7
Sage directions of the short of	200	REMOVAL (Specify)			23d LOCAT ON (City or Town)	(Caunty) (State)
2 2	24	EUNGRAL DISSOTOR	J. I Jan J. I. E.A.	DOWRIDGE	UORSEY,	MARYLAND
VR A15 2	2	Ti Kunte 12	addy, New		D BY REGISTRAR 25b REGISTRARS	GRATURE
45M 130894				DATE A	PR 7 1969 July	0



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04835 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b HOUR 24 haurs after death. death Pages 1 and physicion ond completely filled the funeral en please remove corban popels. Bases I and (Type ar print) Month Joseph Fefal H. 1969 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS. last birthdoy) MONTHS ĐAÝS NOURS Male White July 4, 1895 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED | NEVER MARRIED country) WIDOWED [-DIVORCED Md. U. S. A. Ann Arundel 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPAT ON (Kind of work done requires that the death certificate be executed within 12b. KIND OF BUSINESS OR give street oddress) 229 Williams Rd. during most of working life, even if retired)
Produce Salesman **INDUSTRY** Ferndala Self 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE [12h COLINTY] 13c CITY OR TOWN 13d INSIGE CITY LIMITS? 13e STREET AND NUMBER YES 🙀 Md. NO F Balto. 2563 Frederick Ave. and in any 14 FATHER'S NAME First Middle Last 15 MOTHER'S MAIDEN NAME First Middle Lost Joseph Fefel Barbara Zell 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Ferndale, Md. 21061 Yes, no, or unknown) (If yes give war or dates of service) 213- 12-6923 Mr. John O. Fefel 229 Williams Rd. 18. CAUSE OF DEATH (Enter only one couse per line for (g) (b), and (c) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) buriol-tronsit permit. DUE TO, OR AS CONSEQUENCE OF Conditions, if ony, which gave) rise to immediate cause (a). signed by DUE TO, OR stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital or attending as the O FUNERAL DIRECTOR: After this certificate has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? for use (YES ---21o. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED 216 TIME OF INJURY (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH HOUR AM. Month Doy Year (If either, notify medical exammer) be detoched 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT NOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (the hospital) attended the deceased from sow the deceased alive on-, and that if (my) (an) opinion death occurred on the date and hour and from the causes stated above, (i) (we) (did) (did pat) view the body after death. 22h_StGNAT.JR 22c. DATE SUBNED ATTENDING STAFF director, poge 3 should be filed v DEGREE DIRFCTOR PHYS. 22e. ADDRESS 23d LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION (County) (Stote) REMOVAL (Specify) Loudon Park Com. Balto. Md. 2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR VR A15 (4) (1969 G. Truman Schwab 3512 Frederick Ave, Balto. Md.

29 4 4

	1	MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04836
6		04844 CERTIFICATE OF DEATH
deoth. eral ond 2 deoth.		ECEASED-NAME First Company Peor Last 20. DATE OF DEATH Day Year 26 HOUR LAST COMMONTH Day Year 26 HOUR LAST COMMONTH Day Year
executed within 24 hours after deoth a completely filled in by the funeral move carbon popers ages 1 and 2 any event, within 72 hours after deoth	3. S	4. RACE S DATE OF BIRTH C DAYS HOURS MIN. WONTHS DAYS HOURS MIN.
t hours	70 co u	BIRTHPLACE (Stote of Toreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
xecoted within 24 completely filled i competent within 72 ny event, within 72	10.	TITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital lize USUA. OCCUPATION (Kind of work done give street address) 12 during most of grantified with freeting and the street address or during most of grantified with the street address.)
ted windetell	13a odm	USUAL RESIDENCE (Where dedeased lived, f institution Residence before 13c CITY OR TOWN 13d Missbe CITY LIMITS? 13e STREET AND NUMBER 13s COUNTY 13b COUNTY
nd con	14	FATHER'S NAME First Middle Lost IS MOTHER'S MA DEN, NAME First Middle Lost
ion ion in and in	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17-INFORMANT)
ertifica physic en ple oval, c		(es, na ar un from) (f yes give war accordance orevire) - John & Jacobson Severice Par in
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth. Be retained by the hospital or attending physician. **INRICIOR: After this certificate has been signed by the attending physician, and completely filled in by the funeral end should be detached for use as the burial-transit permit. Then please remove carbon papers and one with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer death.		18. CAUSE OF DEATH (Enter only one cause per fine for (a), (b) and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PART I DEATH WAS CAUSED BY
at the the at nsit pe		Canditions, if any, which gave rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCY OF (b).
V: The taw requires the or attending physician. The hos been signed by the borial-transcoll to burial tree to burial, crestly the burial or the burial or the burial.		stating the underlying couse DUE 10, OR AS A CONSEQUENCE OF
w required by required by the pure to but the but to but to but the but	N.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
IAN: The law retal or attending a ficote has been a for use as the bit Health prior to b	CERTIFICAT, ON	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CIAN: iital or infrote for u of Heal	MEDICAL CER	216 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year 19. OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year 19.
TO HOSPITAL OR ATTENDING PHYSICIAN: The flaw in Poge 4 may be retoined by the hospital or attending TO FUNERAL DIRICTOR: After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	WE	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County Stote at work at work
VDING d by tl After d be d e State		22a. I certify that (I) (this haspital) attended the deceased from 1961, 1961, ta April 6, 1969, that (I) (we) lost saw the deceased give an 1961, and that in (my) (our) opinion death actured on the date and have and from the
ATTE etoine CTOR: shoul		226 SIGNATURE 226 DATE SIGNED
L OR / be r DIRI		DEGREE PHYS. DEGREE OF DIRECTOR D STAFF D 4-6-6-9
TO HOSPITAL OR ATTENI Poge 4 may be retoined TO FUNERAL DIRICTOR: A director, page 3 should should be filed with the		NAME (Type) Relacent R. HAHA. 8.0. Box 735. P. M.D.
TO HOS		BURIA/CREMATION 236 DATE H-8-69 CENTERY OF CEMETERY OF
VR A13	24	FUTURERAL DIRECTOR 250. REGISTRAR 250. REGISTRAR 250. REGISTRAR 5 SIGNATURE When & John Dator 0 1969 Charles July
15 11		



- 1			ND STATE DEPARTMENT OF		
	04845	DIVISION OF VITAL RECORDS	5, 301 W. PRESTON STREET, BA		01000
_		****	CERTIFICATE OF DEATI		04837
1.	DECEASED NAME First (Type or print)	Middle Edula	sol 25 conto	20. DATE OF DEATH Month De	Yeor Yeor
3.	SEX 43	4 RACE	3. DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
_	IN.	No	Jon 28		MONTHS DAYS HOURS MIN
(0	BIRTHPLACE (State or foreign intry)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARR ED DIVORCED DIVORCED	9. COUNTY OF DEATH	Md
10	Hen Currie	11 NAME OF HOSPITAL OR give street address)	, D duying	SUAL OCCUPATION (Kind of work done most of working life, even if refired)	12b. KIND OF BUSINESS OR
130	. LSUAL RESIDENCE (Where deceosed a sign) STATE	d fived of institution Residence befor	13c CITY OR TOWN 13d INS OF C	TY . M TS? 13e STREET AND NUMBER	100
L	Sume	A. H. CO.	Hon Burnie 185	NO 1037 Doves my	Rond
14.	FATHER'S NAME First	Middle Lost	IS MOTHER'S MA DEN NAM	E First Middle	Lost
16	. WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16b. SOCIAL SECURIT	NO 17 INFORMANT	Address	VN 11 6.787
	118	2/363	524 Thomas	drents -	Jane
	PART I DEATH WAS CAUSED	y one cause per ine for (3), (b) and (9. 1/.	0 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIA	DUE TO, OR AS A CONSEQUENCE O	Ces-Vasca	tor Nissas	e 2-li estur
	Conditions, if any, which gave)	(b) Crystone	10-506+45	6-0	1-7 24
L	rise to immediate couse (a) stating the underlying couse	DUE TO, OR AS A CONSEQUENCE O	F		
	DART 2 OTHER CICARETANT CON	(c)	NOT RELATED TO THE TERMINAL DISEASE (DECOMPITION CIVILIA IN DADA 1/)	
-,	12.0 1	t 13 1 3 -2 ali	NOT RELATED TO THE TERMINAL DISEASE V	1 16 Lalin -	
CFRTIFICATION	190. DATE OF OPERATION 19b (ONDITION FOR WHICH OPERATION WAS	ERFORMED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
FRTIFN	O. ACCIDENT MAC INTREMINI		YES NO		
CAI	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy Yes	4	nter noture of injury in Port 1 or Port 2,	, Item 1B.)
Ş	(If either, notify medical examin 21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME FARM, STREET,	19 ACTORY.) 21f LOCATION Street or R.F.D.	No. City or Town	County State
	at work of work			. /	
	220. I certify that (I) (the	s hospital) attended the decea	sed from, 19 1965, and that in (my) (aur) (148, to 4/27, 19	ate and hour and from the
	causes stated abave	(I) (we) (did) (did nat) view th	body after deoth.	phuran again accorred on the a	ure and naur and from the
	22b SIGNATURE	1 1 - 20	DEGREE PHYS	MED.	DATE SIGNED
	22d PHYSICIAN'S	- Cara	DEGREE PHYS 22e. ADDRESS 5	DIRECTOR LI PHYS LI	10/10/
	NAME (Type)			mllicum	- md -
:31	BURIAL, CREMATION 23b. D SEMOVAL (Specify)	/ Al	F CEMETERY OR CREMATORY	23d JOCAT ON (City or Town)	(County) (State)
24	FUNERAL DIRECTOR	TYUNG ADDRES	Aven Monoriel PK	A BY REGISTRAR 25b REGISTRAR	S SIGNATURE
d	Singleton Free	exal Home / GI	- Burnie ma DATE	BY REGISTRAR 25b REGISTRAR :	elas Indas.



70000		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE			14838
UEALTH DEDT		DECEASED NAME First Middle Last / 20, DATE KNOWNSC Month De	oy Year 25 HOUR
of go v.		(Type or Print) Ethel Grace Fulton DEATH MATED 4/5	16.4 PM
P. 20 2	3. 5	SEX 4 RACE S DATE OF BIRTH 6 AGE (in years if under 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
2, and 3 ta PM3. Page up of of other phase of other		F W 4-11-88 RI YRS MONTHS DA'S MOURS MIN Marith 4 Day 1;	Year 67 7 M
EN' E		BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 1 9 COUNTY OF DEATH	
form form		ntry) New Jersey U.S.A. WIDOWED DIVORCED A CO.	Md.
ages triff for		CITY OR TOWN OF DEATH II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12)	DUSTRY GT OUNGS
the the	" "	Recreation Dept. Balto.	City Play
with death	13a	USUAL RESIDENCE (Where deceased yed, if institution Residence before 13c CITY OR TOWN 13d NSIDE CTY LIMITS? 13e STREET AND NUMBER admission) STATE 13b COUNTY 27 This is a street and number 13b COUNT	0
2 Ee 3 E		Ma. W Baltimore Catonsville 15 W 117 Ingleside Av	ze
hours Office after d	14	FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Last
5 E S S S S S S S S S S S S S S S S S S	14.	Edward M. Fulton Winnifred B. Wirt	
hin 24 notil in niner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 17. INFORMANT ADDRESS 220-44-6342 Richard B. Fullton Bt. 2 Box 7/5 Fed	21037
ould be executed wit rord "pending" in pe ne Chief Medical Exar al-transit permit. File any event within 72	-	THE STATE FEEDBARD BY THE BOX LAS FOR	gewater Md
xecuted ading" ir Medical I permit. It within		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c).) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Confernion selevation & U.S.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ding feding			2
e e e e e e e e e e e e e e e e e e e		Canditions, if any, which gave)	Esle
Tar the second s		rise to immediate cause (a), (b) DUE TO, OR AS A CONSEQUENCE OF	
should be e ne word "per a the Chief I burial-transit		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
te s the J ta J ta o bu		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
This certificate should be executed within icate, writing the word "pending" in pencil be farwarded to the Chief Medical Examine I be used as a burial-transit permit. File pagar remaval, and in any event within 72 hou	_	and the first of the second of	
writh write rwa	AT ON	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
this certificate, writting forward be used by remaya	CERTIFICAT	WAS PERFORMED?	YES NO 🔀
無二 2 °		21a EXTERNAL CAUSE WAS 21b TIME OF IN. URY Manth, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	18)
INER: Tie certifice should be files. 3 should lines.	MEDICAL	CAUSE OF DEATH P.M 19	
	≨		Caunty State
		WHILE AT WORK AT WORK factory, affice building, etc.)	
# 호 d . 약 6		220. I certify that I took charge of the remains described above, held an Autapsy , Inspection . Inquiry	and in my opinion
bical se exe ectar. P ectar. P ined fa RECTOR		death resulted from Natural causes , Accident , Suicide , Hamicide , Undetermined monner]
please durecter durec		ACTUAL CHIEF MEDICAL EXAMINER 22b DATE SIG	NED /
UTY, ierral be Be Pri		SIGNATURE 4//	169
o DEPUTY Decessary, please e the funeral director 5 may be retained 0 FUNERAL DIRECT Health prior to bu	1	EXAMINER'S NAME (Type) = LIN his recty - ADDRESS(Street, city town, or county)	460
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	230	BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Co	aunty) (State)
		Burial 4/18/1969 Loudon Park Cemetery Baltimore, Md.	
	24	FUNERAL DIRECTOR 25g REC D BY REGISTRAR 25h REGISTRAR 5 GG	NATURE
VR A15ME (5) TOM REV 1/68	L	aston to unexal forme-Caterovilla HoraPR 2 2 1969 Mumla	1 Juga.
1		,	

MARYLAND STATE DEPARTMENT OF HEALTH



_ 1			D STATE DEPARTMENT OF		
	04847	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BA CERTIFICATE OF DEATH		04839
1.	DECEASED NAME First (Type or print) Laura	M₁ddle B •	George	2a. DATE OF DEATH April Month D	ov 26, 101969 Am
3.	Female	4. RACE White	S. DATE OF BIRTH 10-03-07	6. AGE (In years last birthday)	IF LINDER + YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	8 BIRTHPLACE (State or foreign out) Kentucky	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED NO DIVORCED	9. COUNTY OF DEATH Anne arundel	Md.
10	CITY OR TOWN OF DEATH Glen Burnie, M	d. gin street address) Aru	ndel Hosp. during	SUAL OCCUPATION (Kind at wark dane	12b. KIND OF BUSINESS OR
13		d lived, if institution. Residence before	13c. CITY OR TOWN 13d INSIDE CO	TY LIM 157 13e STREET AND NUMBER NO 8393 Elm R	ld.
14	4. FATHER S NAME FIRST	Middle // Last	15. MOTHER S MAIDEN NAM	-// /-/	IN SOAL
1	6a WAS DECEASED EVER IN U.S. ARMI Yes, na, or Unimawn) (1 yes give wo	or object of the social security	NO. 17 INFORMANT. THE	mily - Address	· E.
	PART I. DEATH WAS CAUSED	Prome cause per line far (a) (b), and (c) BY: F CAUSE (a) DUE TO, OR AS CONSEQUENCE OF (c)	buyoendrof	infercher:	APPROXIMATE INTERVAL BETWEEN ORSET AND DEATH
1000		ONDITIONS CONTRIBUTING TO DEATH BUT NO ORDITION FOR WHICH OPERATION WAS PE			S CONSIDERED IN CERTIFYING
opposition.	19d. DATE OF OPERATION 19b. C		YES NO	CALISES OF DEATHS	
	or contributing CAUSE OF DEATH (If either, notify medical examine 2 1d. INJURY OCCURRED 21e- While Nat wh. e of wark a at work	P.M. Month Day Year P.M. AT HOME FARM, STREET FA OFFICE BUILDING ETC.	9 CTORY.) 21F LOCATION Street or RFD	No. City or Yown	County State
	daw the deceased at	s haspital) attended the decast ver an (1) (we) (did did not) view the	L9, ond that in (my) (our)	opinion deoth occurred on the	date and hour and from the
	22d PHYSIC ANS	T. B. NAW	INR 2 22e ADDRESS 32		She Runtel
2	30 BURIAL (REMADION 23b. D	ATE 4 /6 4 23c. NAME OF	CEMETERY OF CREMATORY	23d LOCATION (Cut or Town)	(Caunty) (State)
2	24 FUNERAL DIRECTOR	. 13 c - ADDRESS	250 ARES	P. BY 3 E. DISTRAID 69 256 PROSTRAI	Es 88 MATY Sudge



< 1	Litems10&11 FilmG411 MARYLAND STATE DEPARTMENT OF HEALTH L/1L/SS kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		840
HEALTH DEPT.		Year 2b HOUR
10 to 8 to 1	1. DECEASED-NAME First Middle tost 20. DATE KNOWN Month Day OF ESTI- LUCIOS GILLENS DEATH MATED X	19 M
Pod 3	3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (In years of UNDER 1 YEAR F JINDER 24 HRS 2C. DATE PRONOUNCED DEAD MONTHS DAYS HOURS AMON MONTHS DAYS HOURS AMONTHS DAYS HOURS AMON MONTHS DAYS HOU	ear (0 9:50
2, and 3 to PM3. Page	male negro 11/3/34 34 YRS. April /,	1969 P. M
E 3 - E	70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED X NEVER MARRIED 9 COUNTY OF DEATH COUNTRY)	
ges far ate	Washington D.C. USA WOUNTED MYOUNTED Anne Arundel	IND OF BUSINESS OR
after death 8. Give Pages 1, along with farm with the State Defeath.	Annapolis give street address) Rt. 50 during most of working life, even if retired) INDUSTI	
s offer 18. Gw t along with the	13a LSUAL RESIDENCE (Where deceased lived, f institution, Residence before 13c CITY OR TOWN 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER	
78 a 18.	odmission), SIATE NO IN 1713 A St., SE	
This certificate shauld be executed within 24 haurs after death icate, writing the ward "pending" in pencil in tem 18. Give Page be forwarded to the Chief Medical Examiner's Office along with the be used as a burial-transit permit file pages Land 2 with the Stat or remayal, and in any event within 72 haurs after death.	14 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Beatrice	Evans
hin 24 hin 24 hiner's pages haurs	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
Lwithin pence Examinate por File por 72 h	(Yes, na, ar unknawn) (If yes give wor or dates of service) Mrs. Janet Gillens-wife-1713 A	St., S.E.
ed v in il Ex il Ex	IB. CAUSE OF DEATH (Enfer only one couse per line for (a), (b) and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ecut ing' edicc ermi	PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease	
auld be executed word "pending" in he Chief Medical E. de-transit permit F any event within	DUE TO, OR AS A CONSEQUENCE OF Conditions, if dny, which gave 3	
d b rd " Chie tran y e	rise ta immediate cause (a), (b)	
shaul e wa i the urial- in an	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
ate shauld be executed the ward "pending" of the Chief Medical s a burial-transit permit and in any event within	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Carbon Monoxide Inhalation	
rifica riting rarde ra as		20 AUTOPSY?
his certificate of writing the eforwarded to be used as a breezed and	WAS PERFORMED?	YES X NO
The liftical distribution of the lifting of the lif		Smoke and
rent rent rent res. shot tran,	S (AUSE OF DEATH 8:37P.M. 4/7/ 19 69 SOOL IMMATALLON IN BUTTING COLLINS	
necessary, please execute the certificate shauld be executed within 24 haurs after death necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with farm 5 may be retained for your files. O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit file pages. Jand 2 with the State De Health priar to burial, cremation, or remayal, and in any event within 72 haurs after death.	21d INJURY OCCURRED 21e P.ACE OF INJURY (At hame, farm, street, foctory, affice building, etc.) 21f LOCATION Street or RFD Na City of Tawn ANne A twork At work Street Rte. 50 - 25 mk E. of Cape St. C.	Ärundel Md. lare Rd.
EXA ecute Page or you R. Pag		and in my apinian
e execution. Pagined for Secretary	death resulted fram Natural causes , Accident X, Suicide , Homicide Undetermined manner	
please direction retains on to be ar to be	CHIEF MEDICAL EXAMINER	
y, pl	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b DATE SIGNED 4/8	/69
TO DEPUTY DICA necessary, please ex the funeral director. 5 may be retained to FUNERAL DIRECTORY Health priar to bur	EXAMINER Werner U. Spitz, M.D. DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county)	707
To I the	23a BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (County	ty) (State)
	Burial / 4/11/69 Harmony Memorial Park Maryland	
VR A15ME (5)	Stewart Funeral Home-4001 Benning Road, Net 1 1969 256 REGISTRAR S SIGNATURE STEWARTS SIG	Judge -
1000 0000 1 100 . 0	I DIEWATE / FUNETAL HOME-4001/Denning Rodu, with.	. w.



MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04841 CERTIFICATE OF DEATH 1. DECEASED NAME Last 25 HOUR P 20. DATE OF DEATH within 24 haurs after d≡oth (Type or print) Pelenater GLEASON Rea 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years last birthday) Aug. 23, 1910 Female White 7o BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) New York U.S. event, within 72 WIDOWED [DIVORCED Anna Arundel 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work)done 12b. KJAD OF BUSINESS OR give street address)
Anne Arundel Gen. Hospital Annapolis 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13e. STREET AND NUMBER The low requires that the death certificate be executed odmission) Maryland Anne Arundel Annapolis 3734 Ram@gate Drive and in any 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First 16b. SOCIAL SECURITY NO 17 INFORMAN 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na. o yaknawa) (It yes give war or dates of service) cremation, or removal, APPROX MATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave > rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED. 20g AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO XX 21g. ACCIDENT WAS UNDERLYING 27c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY 1 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased fram..... .. 19____, ta_ saw the deceased give an 19, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death. TO FUNERAL DIRECTOR: 22c DATE SIGNED XX MED DIRECTOR DEGREE 22d. PHYSICIAN'S NAME (Type) Richard N. Peeler, M.D. 22e. ADDRESS 121 Cathedral St., Annapolis, Md. 23d + (ATION Kity or Toyln) ((ounty) Lincoln REC'D BY REGISTRAR 25b



		04850	DIVISION		D STATE DEPARTME 301 W. PRESTON STR				
	I	tem8 FilmG412 5			CERTIFICATE OF I			484%	
e Joseph	1. D	FCFASED-NAME First		Middle	Last	2a. DA	TE OF DEATH		2b HOUR A
	-{1	Type or print) MA	ARY	V	GRAFT	NC	4 Month 28 Doy	6 gor	3:30
the the same of th	3. SE	FEMALE	4. RACE	WHITE	S. DATE OF BIR	TH L7/10	6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR IF UN MONTHS DAYS HOU	NOER 24 HRS. JRS Min
by Pur	70	BIRTHPLACE (State or foreign	7b. CITIZEN	OF WHAT COUNTRY?	8 MARRIED 1 NEVER MARR	IED 9. COUNT	Y OF DEATH		
24 h	_		A.A		WIDOWED DIVORC		ne Arundel		, Md.
within 24 ban pape within 72	G	lly or town of death len Burnie		11 NAME OF HOSPITAL OR INS give street address) Nor	th Arundel		TION (Kind of work done rking life, even if retired)	12b KIND OF BUSIN INDUSTRY	NESS OR
e executed within 24 has completely filled in remaye carban papers.	13a. adm	USUAL RESIDENCE (Where deceasission) STATE MG	ed lived, if i 13b. COU	institution: Residence before			Be. STREET AND NUMBER 7988 Crai	n H i ghw	ay
end c remo	14. f	ATHER'S NAME First	Mic	ddle Lost	IS. MOTHER'S MAI		Middle	Le	ost
the service of the se	L.	Rubin		Young		Sophia		Owens	3-
rificate ohysicic on plea val, an	16a. Y	was deceased even in u.s. ARN es, no, or unknown) (If yes give w	MED FORCES? er or dates of sen	I 6b. SOCIAL SECURITY I		Arundel	Address G	len Bur	nie
Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ferch director, page 3 shauld be detached far use as the burial-transit permit. Then please remayer carban papers. Pagis 2 and should be filled with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs over using		18. CAUSE OF DEATH (Enter on PART 1. DEATH WAS CAUSE! IMMEDIAL Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIF CANT COM-	DUE TO	D, OR AS A CONSEQUENCE OF COLOR	ac fac	eline	Sculoup Decoup-	APPROXIMATE II BETWEEN ONSET A	TERVA. NO OEATH 2
law releading s been s as the k	CERTIFICATION	190. DATE OF OPERATION 196.	CONDITION F	DR WHICH OPERATION WAS PE		1	Ob IF YES, WERE FINDINGS CO	DNSIDERED IN CERTIF	YING
ath a start	ERTIF	210 ACCIDENT WAS UNDERLYIN	C [011 7	THE OF INDIANA	YES 🗌	NU []		101	
ictan pital a prificat artificat of for	MEDICAL C	OR CONTRIBUTING CAUSE OF DEAT	H HOUR	P.M. 19	,		f injury in Part 1 ar Part 2, 1		
PHY:	*	While Nat while at work	PLACE OF IN	OFFICE BUILDING, ETC		ar R.F.D. No.	Gly ar Tawn	County	Stote
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detached far use as the should be filed with the State Dept. af Health priar ta		4	live an 📍	did) (did nat) view the	9 and that in (my	r, 19, to } (aur) apınian de	ath accurred on the da		(we) last fram the
be reto be reto DIRECT ge 3 sh iled with		22b. SIGNATURE	2/1	me	DEGREE PHYS	DIRECTOR	STAFF 22c	2 8 6 9	
SPITAL 4 may IERAL or, pa				Grunberg	A	.3 Odento			
HO age FUI	230	BUR AL, CREMATION, 23b. REMOVAL (Specify)			CEMETERY OR CREMATORY		CATION (C ty or Town)	, ,,	tote)
5 5 5	24	REMOVAL (Specify) Bring al FUNERAL DIRECTOR	May	69 Mead	lowridge Memor	2So. REC'D BY REGISTR	Lkridge How	ard Co.	Md.
30M REV 188	'k	irkley Funeral	Home,	Glen Burnie	, Md. 21061	DATIAPR 30		les ludes	



1	01074		IVISION OF			PESTON STRE		ALIH IORE, MARYLAND 2	1201		
	14851					CATE OF D		,		0484	Ek.
	ECEASED-NAME Type or print)	Fitst Christ	ina	Middle <i>NMN</i>	CP	Last TERSON		20 DATE OF DEATH April	200Y	1989	2b. HOUR
3. 5		7161-636	4. RACE	10.71	GA.	5. DATE OF BIRT	TH .	6. AGE (In		IF UNDER 1 YEAR	10:35M
	Female		Cauc.				ber 15	1 last beth	ay) YRS.	MONTHS DAYS	HOURS MIN
	BIRTHPLACE (State or Fai		CITIZEN OF WI	HAT COUNTRY?	8. MARRIED	NEVER MARRI		COUNTY OF DEATH		1	
ł	Maryland		USA		WIDOWED	DIVORCE	ED 🗌 🛮	Anne Arunde			Md,
À	CITY OR TOWN OF DEATH nnapolis		9/19	AME OF HOSPITAL OR I street oddress) INE Arunde	I Gen.	Hosp.	120 USUAL (OCCUPATION (Kind of w. of warking life, even if	ork done retired)	12b KIND OF E INDUSTRY	BUSINESS OR
13o adn	usual Residence (Whensian) STATE	re deceased	lived, if institut	ran. Residence befan Arundel	Annap		VES NO	The street this the		Stroot	
	FATHER'S NAME FIRE	si O D I S	Middle	Last		S. MOTHER'S MAIL	DEN NAME First		Middle		Last
16.	. WAS DECEASED EVER IN	JIC APMED	CODUCES C	TO ETZ	(NO 117	MAR INFORMANT	0-1210	El FR	00	DER	
100			r dates of service)	TOO. SOCIAL SECORT	/	PHILI	PG	KIERSO.	Address .	#13	
	18. CAUSE OF DEATH PART I. DEATH WA	(Enter only								BFTWFFN ON	NATE INTERVAL VSET AND DEATH
	4109	IMMEDIATE	CAUSE (a)	(yocardia)		ction				1 day	
	Canditions, if any, whi	ich nave)		AS A CONSEQUENCE O		candian	v 000 701	r disease		770/710 71	210000
	rise to immediate co	use (a),	(u)	AS A CONSEQUENCE O		Car a so s	/GGCGLG/	7 4136436		necercy	years
	stating the underlying last.	g cause	(c) -						-		
	PART 2 OTHER SIGNIFI	ICANT CONDI	TIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED T	O THE TERMINAL I	DISEASE OR CON	DITION GIVEN IN PART 1(a)		
~	None										
CERTIFICATION	19a. DATE OF OPERATION			ICH OPERATION WAS I	PERFORMED	20¢ AUTOPS	y ?	20b IF YES, WERE I	INDINGS C	ONSIDERED IN CE	RTIFYING
RTIF	None	NA				YES 🗌	NO Into	CAUSES OF DEATH?			
MEDICAL CE	210 ACCIDENT WAS UP OR CONTRIBUTING CA (If either, notify medic	USE OF DEATH	21b TIME OF HOUR A.M. P.M.	Manth Day Yea	21c. H	OW INJURY OCCUI	RRED (Enter no	ature of injury in Part 1	ar Part 2, i	tem 18.)	
*	21d. INJURY OCCURRED While Not while at work	21e PL	ACE OF INJURY	AT HOME, FARM, STREET F OFFICE BUILDING, ETC	ACTORY) 21f L	OCATION Street	or R F.D. Na.	City ar Town		County	State
			boseital) atte	ended the decea	sed fram 4	pril 11	. 1969	to April 2	6_, 19_	69 that	(I) (Hg) last
	causes stated	d abave, (l) 1000e) (did)	(scatsact) view the	bady after	death.	where abinic	, to <u>April 2</u> an death accurred o	n the da	re and nour a	ing from the
	22b SIGNATURE	1	Pa 111	45		ATTENDING	MED.	STAFF C	22t I	DATE SIGNED	
	22d PHYSICIAN S	700	0700	THE	DEGI	22e. ADDRE	DIREC	CTOR PHYS. L	JAPT	·il 28,	1909
		narles	W. Kin	zer, M. L).			Ave., Annap	olis.	Md. 21	401
2 3q	BUR AL, CREMATION,	23b DA			CEMETERY OR	CREMATORY /		23d LOCATION (City or To		(County)	(State)
1	ろいたりかし	APK	30,19	64 GLEN	1 140	NSUE		GLEN K	UR	NIE	ND
24	FUNERAL DIRECTOR	Twist	1005	ADDRES	S Only	0.0	Sa. REC'D BY R		Clus		as the
~	11/W 101.	11916	.016.00	IN PINE	MOLI	1/4/11	I H IV prau	T 1000 V	2-4,27	70	7



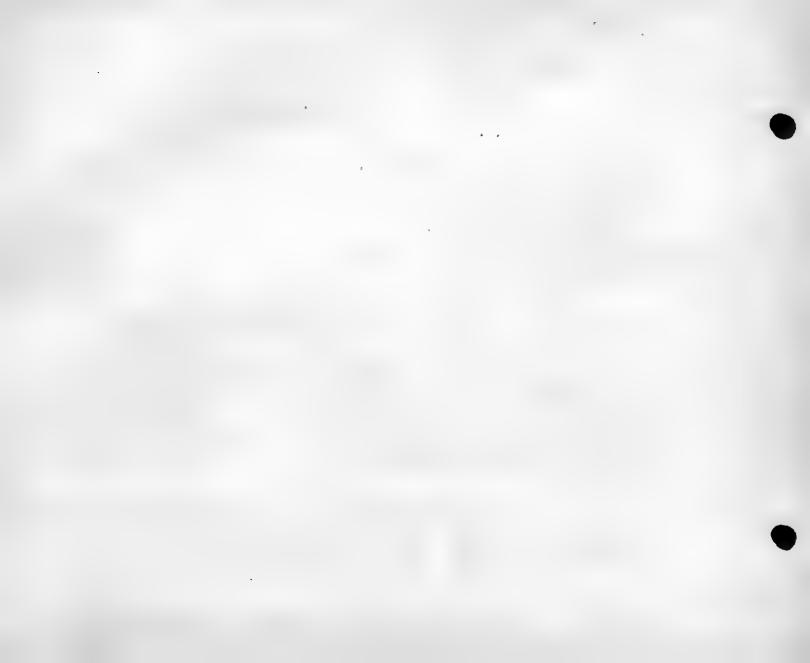
MAKTIANU STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04845 CERTIFICATE OF DEATH DECEASED-NAME First Midd e death. FO25 2o. DATE OF DEATH death. 2b HOUR (Type or print) SARAH ANN GRIFFIN 8:40 PM aurs ofter 24 haurs after 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF IINDER I YEAR IF INDER 24 MPS lost birthday) FEMALE WHITE DAYS HOLES 5 JUNE 1920 YRS. 70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH B. MARRIED T NEVER MARRIED New York WIDOWED [DIVORCED [7] Anne Amindel USA 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol ■xecuted within 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street poddress: Kimbrough Army Hosp during most of working life, even if retired) INDUSTRY Ft Geo G. Meade None burial, crematian, ar remaval, and in any event, 130. USJAŁ RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 3d NSIDE CITY LIM TS? 3e STREET AND NUMBER odmission) STATE Mary Land 13b COUNTY Anne 527 Higgins Drive гетточе NO X Arundel. Odenton 14. FATHER S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle certificate be Charles E. Marshall. O'Halloran please Anna 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Odenton, Md Yes, no or unknown) THIRKOWN Gerald Griffin, 527 Higgins Drive 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c) OR ATTENDING PHYSICIAN: The law requires that the death BETWEEN ONSET AND DEAT PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove VISCUS burial-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160) as the priartal has been 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Health p NO [TO FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of miury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year State Dept. af (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while of work 22a. I certify that (1) (this haspital) attended the deceased from DRC , 1968, ta 10Ab , 1969, that (1) (we) last saw the deceased alive an 10Ab , 1969, and that in (2001) (aur) apinian death accurred an the date and haur and from the be retained director, page 3 shauld should be filed with the causes stated above, (b) (we) (did) statement view the body after death. 22b. SIGNATURE 22c DATE SIGNED DEGREE PHYS 22d. PHYSICIAN S 22e ADDRESS 23b. DATE 230 BUR AL CREMATION 23c NAME OF CEMETERY OR CREMATORY LOCAT ON (City or Town), (County) (Stote) NATIONAL VR A15 (4) 45M - 1/69



		MARYLAND STATE DEPARTMENT OF HEALTH
111		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	* *	04853 CERTIFICATE OF DEATH 04846
	er death. funeral 1 and 2 er death.	DECEASED NAME (Type or print) Condition of DEATH Doy Yeor 2b HOUR Condition of DEATH Condition of DEA
	aurs after of Pages 1	SEX 4 RACE S DATE OF BIRTH 6 AGE (In years 15 UNDER I YEAR 16 UNDER 24 HKS 1 - 3 - 2 last birthdoy) MONITIS DAYS HOURS MUH.
•	un 24 haurs aft filled in by the papers. Pages ith n 71 house of	BIRTHPLACE (State or foreign) 7b. CITIZEN OF WHAT COUNTRY? Suntry) 7b. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED 7 Md
	within 24 h	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 SUAL OCCUPATION (Kind of work done during most of work ng life, even if refired) 12b. KIND OF BUSINESS OR life, even if refired
	be executed within and campletely file remove carban pin any event/with	O LISTAL RESIDENCE Where deceased lived, if institution Residence before 131 CITY OR TOWN 132 INSIDE CITY LIM 159 134 STREET AND NUMBER PROJECTION STATE 136 COUNTY A PROJECT OF TOWN 150 INC. TOWN 15
	ate be exercion and consider the constant of t	FATHER'S NAME First Middle Lost IS. MOTHER MANDEN NAME First Middle Lost LAMPE LAMPE
	physician c employed employed aval, and in	So. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or, unknown) (If yos give war or dates of service) YES, no, or, unknown) (If yos give war or dates of service) 218-12-3889 Mrs. FVANCES S. GYUVEY #13
	The law requires that the death certificate be executed within 24 haurs after death attending physician. has been signed by the attending physician and campletely filled in by the funeral se as the burial-transit permit. (The properties remove carban papers. Pages I and 2 the priar to burial, cremation, ar remayal, and in any event (with n 71 hours of death.)	18 CAUSE OF DEATH (Enter only one couse per one for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) = C
	that the dan. an. by the atte transit pern crematian,	Conditions, if only, which gave rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF CON
	equies that the physician. signed by the burial-transit burial, cremat	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
	w requires ing physic sen signed the burial- ta burial,	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	IAN: The law related and a streng of the fact has been star use as the fact use the feelth priar tab	190. DATE OF OPERATION 1916 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 2116 TIME OF INJURY 1216 HOW INJURY OCCURRED (Enter nature of injury in Part Lot Part 2, from 18.)
	PHYSICIAN: The e hospital ar att his certificate ha stached far use Dept. of Health p	210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 100 KONTRIBUTING CAUSE OF PARH 100 K A.M. Month Doy Yeor 110 Kether, notify medical examined P.M. 110 PLACE OF INJURY ACTIONS STREET FACTORY VIVIA FACTORY VIVIA CONTROL STREET FACTORY VIVIA CONTROL S
	ING PHYSIC by the hospi frer this certi be detached State Dept. o	White Not while of work of work of work
		22a. I certify that (1) (this hospital) attended the deceased fram 70, 19, ta 6, 19, that (1) (we) last saw the deceased drive on 19, and that in (my) (our) apinion death accurred on the date and have and fram the causes stated above, (1) (we) (and) (and not) view the body ofter death.
	OR ATTENI be retained JIRECTOR: A e 3 should ed with the	226 SIGNATURE) DEGREE PHYS DIRECTOR D STAFF 122 DATE SIGNED L4 - 2 - 6
	SPITAL OR 4 may be IERAL DIRI ar, page 3 d be filed	1220 PHYS CLANS RAME (Type) Robert B. Holy 22e ADDRESS BOX 73 Severy Ball
	TO HOSPITAL Page 4 may TO FUNERAL I director, pag shauld be fil	BURIAL, CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) VISTORIAL SPECIFY April 7, 1969 Leuclen Park Cometry Baltimore Ziel.
	VR A.STAD	FUNERA. DIRECTOR SOLVE FUNERAL PROPERTY SIGNATURE CHEMICAL PROPERTY SIGNATURE CHEMICA



	1		NO STATE DEPARTMENT OF		
1	04854	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BAL CERTIFICATE OF DEATH		04848
r death. uneral 1 ond 2 ir death.	1 DECEASED-NAMEFITST	Middle Prout	Hallock	20 DATE OF DEATH DO	y Greag 2b Hoter 1715 BM
office of the state of the stat	3 SEX Male	4. RACE White	S DATE OF BIRTH	1893 6 AGE (n years lost burthday)	IF UNDER 1 YEAR 1F JINDER 2 HRS MONTHS DAYS HOLES MIN
	7o. BIRTHPLACE (Stote or foreign country) Maryland	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Anne Arundel	
executed within 24 hours nd completely filled in by emove corban papers from ony event, within 72 hours	10 CITY OR TOWN OF DEATH Annapolis	11. NAME OF HOSPITAL OR IN	ISTITUTION (If not in hospital 120. US	UAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
ge executed withing and completely finemove corban in ony event, with	Maryland Maryland	ed lived, if institution: Residence before 13b, COUNTY Arundel	Shady Side YE	rtimirs7 13e STREET AND NUMBER	
e a la cal	14. FATHER'S NAME First	A Halloc	K IS. MOTHER'S MAIDEN NAME	BARAH	PROUT
ertificate I paystran nen please novol, and	00	or or dates all service)	MECHAS MEMIL	LER #13	
leath de ending mit Th or rem	PART I. DEATH WAS CAUSED	y one couse per line to (o), (b) and (c BY: TE CAUSE (o)	I hemorrha	JR	APPROXIMATE INTERVA. JETWEEN ONSET AND OFATHA JETWEEN ONSET AND OFATHA
te low requires that the death entities thending physician. as been signed by the ottending plays or the burial-transit permit Then prince to burial, cremation, or removol,	Conditions, if ony, which gove a rise to immediate couse (o), (DUE TO, OR AS A CONSEQUENCE, OR (b) 4970011	usine cardiol	oscular deien	yeare
faures the physician. signed by burral-trai	stating the underlying cause	DUE TO, OR AS A MASSEQUENCE OF			
w required plug plug by the properties of the pr	(2/1/)	leter of st.	Tugh and 1	Acrothun	
는 이 수 없 또 :	RTIFIC	ONDITION FOR WHICH OPERATION WAS P	YES NO [
70 5 8	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Year er) P.M.	9	ter noture of injury in Port 1 or Port 2,	Item 18.)
G PHYSIC the hospi r this certi detoched te IIIIpt o	While Not while	PLACE OF INJURY (AT HOME FARM, STREET, FA	11/ 4/1 00	0/11	County Stole
ATTENDING PHYS retoined by the hos ECTOR: After this ce 3 should be detoche with the State Dupt	220. I certify that (I) (this saw, the deceased of courses stated above	s hospital) ottended the deceosive on	ed from Yvu , 19. 19.69, ond that in (my) (our) of body ofter death.	pinion deoth occurred on the de	ote and hour and from the
OR ATTENDING PH be retained by the h DIRECTOR: After this ge 3 should be detected III with the State Director	226 SIGNATURE Velland	F Smith		MED STAFF 22c.	DATE SIGNED /
Poge 4 may be retained by the hospital TO FUNERAL DIRECTOR: After this certifical director, page 3 should be detached for showing be film with the State Dupt of Topical and the State Dupt of Topical	22d. PHYSICIAN S NAME (Type) Willa	and F. Smith	MI) 22e ADDRESS	Hady Side, M	laryland
TO HO Poge TO FUN direct	230 BUR AL (REMAT ON, 23b D	AJE 15-69 QUAKE	CEMETERS OR CREMATORY	23d tOCATION (City or Town)	(County) (State)
VR A15 (1) 45M - 1) 59	24 FÜNERAL BÜRECHOR	For & Say Chu	polimy 250 APR	BY REGISTRAR 25b REGISTRAR'S	SGNATURE



19 14		04855	DIVISION	OF VITAL RECORDS,	301 W. P.	RESTON STREET, BA	ALTIMORE, M.	ARYLAND 21201	0484	E 9
	1 24	residen Matte			EXTITIO			Or Medell		
er death. funeral 1 and 2		CEASED NAME Firs	ARLES	Middle E		Lost HARP	2a. DATE	Month 16 ^D	oy 69 ^{Yeor}	26. HOUR A
after of the funder of the fun	3. SE	X	4. RACE			S. DATE OF BIRTH		6 AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
y the 1 Rages		Male		hite		7-29-14		las byrthday) YRS	MONTHS DAYS	HOURS MIN
in by the err. Rage	70 E		1	WHAT COUNTRY?	8. MARRIED. WIDOWED	NEVER MARRIED DIVORCED	9, COUNTY	OF DEATH A.A.		
filled pope thin 77	10.0	Tennessee	1	NAME OF HOSPITAL OR INS			ISSERIL OFCUBATIO	ON (Kind of wark done	20 2417 02	Md.
within within	IIV. C	Severn Glen	1 -	ive street address)		Arundel durin	g mast of workin	ng life, even if retired)	12b KIND OF INDUSTRY GuySt	emerd
olete d v	13a	USUAL RESIDENCE (Where dece	ased lived, if inst	titution: Residence before	13c. CITY OR	TOWN 134 INSIDE O	ITY L MITS? 13e	STREET AND NUMBER	120,00	
omb omb	oam	ssion) STATE Md	13b. COUNT	A.A.	Seve	m YES 🗌	NO X	Box 264 Dor	aldson	lvenue
be executed within 24 hours after death is and-completely filled in by the funeral e remave carban papers. Rages 1 and in any event, within 72 tour after death	4	ATHER'S NAME First Edau	Mrddi al Tel	e Lost M. Harp	15	MOTHER'S MAIDEN WAN	4E First	M.ddle	Tillery	Last
	16a. Y	WAS DECEASED EVER IN U.S. Al	RMED FORCES?	166 SOCIAL SECURITY I 411-07-50	139	NFORMANT Chart: No	rth Arur	nd el Hospit	al, Gler	Burnie
Page 4 may be retained by the hospital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and-completely filled in I directar, page 3 shaula be detached far use as the burial-transit permit. Then please remave carban papers. shauld be filled with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 to burial.	MEDICAL CERTIFICATION	Conditions, if any, which gover rise to immediate couse (a) stating the underlying couse lost. PART 2. OTHER SIGNIFICANT COURSE OF DEPARTION 191 210 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE CIVIL CAUSE OF DE (If either, notify medical exam	DUE TO, (b)_ DUE TO, (c)_ DUE TO, (c)_ DONDITIONS CONTR CONDITION FOR	OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF THE PART OF MINISTRA CONSEQUENCE OF THE PART OF	OT RELATED TO	20a AUTOPSY?	20b CAU:	IF YES, WERE FINDINGS SES OF DEATH?	CONSIDERED IN CO	RATE INTERVAL NSET AND OPATH ERTIFYING Stote
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauta be detached far use as the shauld be filed with the State Dept. af Health priar to	230	220. I certify that (I) (I sow the deceosed couses stated above 22b SIGNATURE 22d. PHYSICIAN S NAME (Type) Dr. BURIAL, CREMATION, 23b	ve, (I) (we) (d	mo S. Linsac	DEGI	deoth. ATTENDING PHYS. 22e. ADDRESS 7308 Fu	MED. DIRECTOR C		NE, Gler	
VR A13 MAR	34i			Glen Burn		to the same of	D BY REGISTRAR	1969 REGISTER		444

, f

. 1		02050	DIVISION OF	WAKTLAN VITAL RECORDS,	301 W. PR	ESTON STRE	NI OF HEAI ET, BALTIMOI	.TH RE, MARY	YLAND 21201		
	L	04856				ATE OF D				0485	0
deoin.	(1	YPE OF PRINT) FREDE	RICK	Middle M •	НА	lost RRIS		DATE OF D	Month 10 Do	19690	2b. HOUR • 8:50 M
y	3. SE	Male	4 RACE White	е		S. DATE OF BIRT June 2	н 9 , 1 900		6. AGE (In years last birthday) 68 YRS.	IF JNOER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS M N
	(OUI	BIRTHPLACE (Stote or foreign stry) Jeorgia	76. CITIZEN OF WH	AT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRI		unty of the	Arundel		Md,
1	1 3	ITY OR TOWN OF DEATH It Geo G. Meade	aive s	ME OF HOSPITAL OR INS treet oddress) S.Kimbroug	,	.,	Iduring most of	UPATION (I working lil Office	Kind of work done fe, even if retred)	126 KIND OF JUDUSTRY U.S.AT	BUSINESS OR
		USUAL RESIDENCE (Where deceose ssion) STATE Maryland	d lived, if institution in the country Anne A	on. Residence before	Tyding	on the	HISIOE GTY LIMITS?	13e STRE	et and number te #2		
1	14. [ATHER'S NAME First	Middle	Lost		MOTHER'S MAID	_		Middle		Lost
4	16	William	Albim				Mildr	red	Hinton		ite
	160. Y	Yes 1918	or dates of service)	16b. SOCIAL SECURITY N	Do	formant rothy B	. Harris	, Rou		ydings c Bay	
		18. CAUSE OF DEATH (Enter on a PART I DEATH WAS CAUSED	one couse per lin	e for (o), (b), ond (c)							NATE INTERVAL NSET AND DEATH
6		IMMEDIA	E CAUSE (a)	21101000001	Arrhytl	<u>hmia</u>				1 Mi	.nute
ı burial, cremation, ar remavai,		Conditions, if ony, which gove) rise to immediate cause (o),	(b)Me	S A CONSEQUENCE OF etastatic	Carcin	oma of	the pand	reas		3 <u>1</u> 및	ears
rial, cre		stoting the underlying couse lost.	(c)	S A CONSEQUENCE OF							<u> </u>
×	NO		es melli	tus		THE TERMINAL D	ISEASE OR CONDIT	ión given i	IN PART I(o)		
χ	CERTIFICATION			CH OPERATION WAS PER		20o. AUTOPSY	NO 🗀	CAUSES O	ES, WERE FINDINGS OF DEATH?		RTIFYING
	₹	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OFATH (If either, notify medical examine	HOUR A.M. P.M.	Month Day Year		W INJURY OCCUR	RED (Enter notu	re of injury	in Port 1 or Port 2,	Item 18.)	
		While Not white		AT HOME FARM, STREET FACT OFFICE BUILDING ETC.		ATION Street o		·	r Town	County	Stote
the Stat		22a. I certify that (%) (this saw the deceased all causes stated abave,	haspital) atterve an 10 1 (# (we) (did) (nded the decease April 19 1966) view the b	d from 9 69, and ady after de	L April that in (ASA) eath.	, 19 <u>69</u> , (aur) apinian	ta <u>IO</u> death ac	April 19 curred on the do	69_, that ite and haur ((4) (we) last and fram the
led with		22b SIGNATURE DR	mas	Kaly	DEGREI	11602	MED DIRECTO	ır 🗆	STAFF X 22c.	DATE SIGNED April	1969
shauld be filed with the State Dept. of Health prior to		22d PHYSICIANS NAME (Type) THOMAS	KAHN, M	AJOR,MC		22e ADDRES U.S.F	S CIMBROUG	H ARM	Y HOSP,FI	MEADE,	MD
shau	\mathbb{R}	BURIA., CREMATION, PEMOVAL (Specify)	4-69		EMETERY OR C	,	57	- MAX	(City or Town)) 29ARETS	H.H.	(State)
SAN	24	Taylor	weeph.	CHAPPERES	A RO	115 0	ATER 15	1969	Shi pegistrar s	SIGNATURE	Reiss



1	DIVISION OF VITAL DECORDS 201 HI OPECTON STREET DATEMORE HARVIAND COOR
	04857 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04851
7 24	DECEASED NAME First Middle Lost 120 DATE OF DEATH 125 HOUR
leot de la contraction de la c	(Type or pnnt) F/C of Fig. 1. Aland Month Doy Year
Pa (2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3. SEX 4. RACE S DATE OF BIRTH 6. AGE (In years I FUNDER 1 YEAR I IF UNDER 24 MRS.
within 24 hours after death ely filled in by the funeral ban papers. Pages and within 72 hours the death	10/23/37 lost bythday) VRS. MONTHS DAYS HOURS MIN
by by hour	To BIRTHPLACE (State or foreign The CITIZEN OF WHAT COUNTRY? 8 MARRIED X NEVER MARRIED X NEVER MARRIED X
24 ho	AACO That NOWED DIVORCED AA
within 24 ely filled ban papa , within 7	10 CITY DR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 120 USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)
d with	Deriver 1 17. (1) Oxwellome
To we my	130 CSUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE 136 COUNTY A . A . STREET AND NUMBER 136 COUNTY A . A .
(45 /2 55 /	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle , Lost
ت ہے ت	Transas Warfuld Ruth Sheffith
The law requires that the death certificate be attending physician. has been signed by the attending physician ase as the burial-transit permit. Then please in priar to burial, crematian, ar remaval, and in	160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or Jinknown) 19 yes, no. or Jinknown) 19 yes, no. or Jinknown) 19 yes, no. or Jinknown 19 yes, no
cert ng ph Ther	18 CAUSE OF DEATH (Foter pally one couse per line for (n) (h) and (c))
ne death ce attending p permit. The	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART 2. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH LARGE WAS CAUSED BY: BETWEEN ONSET AND DEATH LARGE WAS CAUSED BY: BETWEEN ONSET AND DEATH BETWEEN ONSET AND DE
atte atte perm an,	DUE TO, OR AS A CONSEQUENCE OF
the the sit pure	Conditions, it only, which gove (b) The pullander (b) The pullander (b)
aguires that the d physician. signed by the att burial-transit perr burial, crematian,	stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF
quire physione igne uria uria	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
v red	
The law re attending has been se as the th priar to	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES ND CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 1216 TIME OF INITIRY. 1216 HOW INITIRY OCCUPAND (State operation of initial and ini
	YES ND CAUSES OF DEATH?
PHYSICIAN: The haspital or This certificate stacked far u Dept. of Heal	
rsica aspita certif hed t. af	GOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DOY YEAR OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DOY
JING PHYSICIAN: The law ruby the haspital or attending ifter this certificate has been be detached far use as the State Dept. af Health priar to	21d. INJURY OCCURRED While Not while of work 21d. PLACE OF INJURY (AT HOME, FACTORY.) 21f LOCATION Street or R.F.D. No City or Town County Store
VDING d by tl After d be d	220 (cartify that (1) /this hashital) attended the decorated from
OR ATTENDING be retained by th JIRECTOR: After t e 3 shauld be de ed with the State	saw the deceased arive an 4.7 1967, and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.
A ATTI refaili 3 sha with	22b SIGNATURE 22c DATE SIGNED 22c DATE SIGNED
be re be re gee 3 gee 3 lied w	DEGREE PHYS DIRECTOR DIRECTOR DIRECTOR DIRECTOR
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the	22d. PHYSICIAN'S NAME (Type)
HOSI UNE ecta auld	230 BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
Pag Page	Burial April 21.1969 Glan Haven Cematery Glan Burnia A A Ma
VR AIS DA	24. FUNDOWN TO Y E. Hopping ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRAR
45M 17,60	HOPPING FUNERAL HOME - Annapolis, Md. DATE APR 2 1 1969 funerals



		111111						ENT OF HEA				
		· x Orm							RE, MARYLAND 2	1201		
	_		-048	358		ERTIFIC	ATE OF	DEATH			04	852
· 是是是		ECEASED NAME Fire			Middle		Lost	2	o. DATE OF DEATH			2b. HOUR
24 hours after death ad in by the Tuneral ppers. Poges end 2 72 hours offer leagth			Jacobs		Ambros	se	Hick	cs	Mgnth 4	^D 1 ^y 3	^Y 669	9:30p M
	3 5		4. RACE				S. DATE OF BII		6 AGE (In y	egrs	IF UNCER 1 YEAR	IF JNOER 24 HRS.
rs d	<u> </u>	Male		Negro			1907	7	lest birthde	YRS.	ONTHS OAYS	HOURS MIN
by hou	70	BIRTHPLACE (State or foreign	7b. CITIZEN	OF WHAT CO	OUNTRY?	8 MARRIED	NEVER MARI	RIED 9 C	OUNTY OF DEATH			
24 in per 72		Maryland		US		WIDOWED	DIVOR	CED 🗍	Anne Arund	el		Md.
thin po	10.1	CITY OR TOWN OF DEATH	1.	II NAME O	F HOSPITAL OR INST oddress)	TITUTION (If n	of in hospital	12a USUAL OC	CUPATION (Kind of war I warking life, even if r	k done	12b, K ND OF I	BUSINESS OR
wit with the stelly	120	Crownsvil: USUAL RESIDENCE (Where dece		Cro	WISVILLE							
e executed within 24 hours and completely filled in by the remove carbon popers. Poor in ony event, within 72 hours	Jadm	ission) STATE aryland	13b (D)	institution, k UNTY Dadata	esidence before	13c CITY OR Balti		YES NO NO	13e. STREET AND NUM		Stroot	
d co		FATHER'S NAME First		iddle	Lost			IDEN NAME First		nddle	SLIEEL	Lost
be ey rem		unkr	nown					unkno		ind dit		FOSI
equires that the death certificate be exec physician. signed by the attending physician and ca buriol-tronsit permit. Then please remo burial, cremotion, or removal, and in ony		WAS DECEASED EVER IN U.S. AI	RMED FORCES?		SD CIAL SECURITY N	0 17 1	NFORMANT	dimin		dress		
全型	11	(es, na, ar unknawn) (If yes give	war or dates of ser	,	nknown	Но	gnital	Records	Crownsvil	10 M	arulan	d ,
The Pow		18. CAUSE OF DEATH (Enter of	only one cause			1111		MACOLOGI	OLOWID VII	4	APPROXIN	ATE INTERVAL
ndin rit.		PART I. DEATH WAS CAUS	ED BY- NATE CAUSE (o		Pneumon	in			\$4 h		BETAFEN OF	ISET AND DEATH
atter		1/47		,	ONSEQUENCE OF	LA	al	*				
the the option		Canditians, if any, which gave	i)		OHSEMBELICE OF							
that in. 5y 1 ons rem		rise to immediate couse (a), stating the underlying cause		D, OR AS A C	ONSEQUENCE OF							
sicic sicic ed l ol-tr		last.		c)								
The law requires th attending physician hos been signed by se os the buriol-tro the prior ta buriol, cre		PART 2 OTHER SIGNIFICANT CO	ONDITIONS COL	NTRIBUTING T	O DEATH BUT NO	T RELATED TO	THE TERMINAL	DISEASE OR COND	TION GIVEN IN PART 1(a)		
SICIAN: The law rea spitol or attending partificate has been s ed for use as the b of Health prior tab	z.	Epilepsy. cl	bronic	hrain	syndro	ne • al	coholic	770				
fav end s be os t	CERTIFICATION	19a DATE OF OPERATION 198	. CONDITION F	OR WHICH OP	ERATION WAS PER	FORMED	20a. AUTOF	sks	20b IF YES, WERE FIL	ND NGS CON	ISIDERED IN CE	RT.FYING
the post	E.						YES 🗆	№ □	CAUSES OF DEATH?			
I or rote or us		210 ACCIDENT WAS UNDERLY		THE OF INJUR		21c. HC	W INJURY OCCU	JRRED (Enter nati	ure of injury in Part 1 ar	Part 2, Ite	m 1B.)	
pitol prito prito prito of the	MEDICAL	(If either, natify medical exam	siner)	P.M.	nth Doy Year 19							
Page 4 may be retained by the hospital or attending physician. To FUNERAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within property or or fune the physician and completely filled filled by the attending physician and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon postould be filled with the State Dept of Health prior to burial, cremotion, or removal, and in any event, within the short of the prior to burial.	25	While Nat while	e. PLACE OF IN	JURY (AT HOP OFFICE	ME, FARM, STREET FACTI BUILDING, ETC.	08Y.) 21f. LO	CATION Street	or R.F.D. Na.	City or Town		County	State
NG Y th er the afe		at work at work 22a. I certify that (I) (t	hie baenital	\ attendes	the decores	1 fram	11/17	10.50	, ta 4/13	10.6	0 45-4	(I) (we) last
ATTENDING etained by th CTOR: After I should be d		saw the deceased	alive an	4/1	<u>3/</u>	<u>69 and </u>	that in (my) (aur) apıniar	death accurred an	the date	and hour o	(I) (we) last
ATTEND etained CTOR: A should rith the S		eavses stated abov	re, (I) (wa)	(did) (did r	nat) yiew the b	ady after o	leath.					
moy be retained Ral DIRECTOR: A page 3 should be filed with the		22b/SIGNATURE	1//	1/0 11	10. 11	7	ATTENDING	G MED	STAFF		TE SIGNED	
be re be re ge 3		rance	arci).cu	ace, un	DEGR	EE PHYS	DIRECT	DR PHYS		4/14/6	
ITA moy		228 PBYSICIAN'S NAME (Type) Chips	vlac D	Vont	er, M.D.	•	22e. ADDR		G	7	1	,
OSP INE	00.			vent					State Hosp			
TO HOSPITAL Page 4 moy TO FUNERAL director, pag should be fil	230	REMDVAL Specify) 23b	DATE O.Z.	ce.	236 NAME OF C	Metery Dr.		230	J. LOCATION (City or Tov		(County)	(Stote)
1/ ^	24	FUNERAL DIRECTOR	0.00	,	ADDRESS	· ····································		2Sa REC'D BY REC	SISTRAR 25b REG		GNATURE	
VR A15 (14.) 45Ⅲ - 17.6€					V		1	MrDD o 4	Elia	צישטיין	GNATURE	



		MARYLAND STATE DEPARTMENT OF HEALTH
4/	1	04859 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06321
1	•	CERTIFICATE OF DEATH
death.	neral and 2 death.	1. DECEASED-NAME THIST THIST ELIZABETH LOST CONTROL DOY 29 YEAR 20. DATE OF DEATH DOY 29 YEAR 20. MICH DOY
within 24 haurs after death	filled in by the funeral happers. Rages 1 and 2 ithin 7 books after death.	3 SEX
24 hau	amptely filled in by ve carban papers, event, within 7000	70. BIRTYPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED MARRIED MARRI
within	mely fille arban po rt, within	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done give street address) 120 USUAL OCCUPATION (Kind of work done give street address) 120 USUAL OCCUPATION (Kind of work done give street address) 120 USUAL OCCUPATION (Kind of work done give street address) 120 USUAL OCCUPATION (Kind of work done give street address) 120 USUAL OCCUPATION (Kind of work done give street address) 120 USUAL OCCUPATION (Kind of work done give street address)
ecuted	amor v event	130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before odmission) STATE Warsh 13 COUNTY A THE TOTAL OF THE WAR STATE OF THE PARTY OF TOWN TOWN AND THE TOTAL OF THE TO
e pe ex	an and asserted in an indian an	14 FATHER'S NAME First Middle CROSS IS. MOTHER'S MAIDEN NAME FIRST Middle Lost
ertificati	physicie en plec aval, ar	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (h yes gourner odders of service) 214-05-1692 James Sunt 16LAFAxettafue
The law requires that the death certificate be executed	Page 4 may be retained by the nashinal of arrenaing physician. • EUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remishauld be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any	PART L DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR A A CONSEQUENCE OF BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH JEGUS BETWEEN ONSET AND DEATH BETWEEN
es that the	pnysician. signed by the burial-transit t burial, cremati	Conditions, if ony, which gove (b), stoting the underlying couse (c), stoting the underlying couse (c) (c) (c)
v requir	arrenaing physician has been signed by se as the burial-tra in priar to burial, cre	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
The lov	has be is the prior	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 1216. HOW INJURY OCCURRED (Batter patters of injury in Port Lor Port 2, Item 18.)
ICIAN:	nificate of far u	G (If either, notify medical examiner) P.M. Hour A.M. Month Day Year
3 PHYS	this ce detache e Dept.	While Not while of work of work
TENDING	be retained by the haspital DIRECTOR: After this certifica je 3 should be detached fai ed with the State Dept. af He	22a I certify that (I) (this haspital) attended the deceased from V/C , 1965, ta 251 , 160 , that (I) (we) last saw the deceased alive on 1965, and that in (my) (our) epigion death accurred on the date and haur and from the causes stated abave, (I) (we) (did) (did hot) view the bady after death.
OR ATI	DIRECTO	22b. SIGNATURE RELEASED DEGREE PRYS DIRECTOR DIR
TO HOSPITAL OR ATTENDING PHYSICIAN:	rage 4 may be retained by the haspital of atrenaing TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. at Health priar to	22d. PHYSICIAN'S RAP RICHARDSON MO 110-CLAYST AGARDOLS
TO HO	TO FUI direct shau	236. BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY (3d LOCATION (City or Town) (County) (Stote) PINE LAW IV MEMORIA DIRECTOR ADDRESS , 25c. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE.
	VR A1514) 30M REV. 1148	J. R. Johnson 1900 Entru Pl BAlt. Md DATE 144. 9 1969 Elicarles July

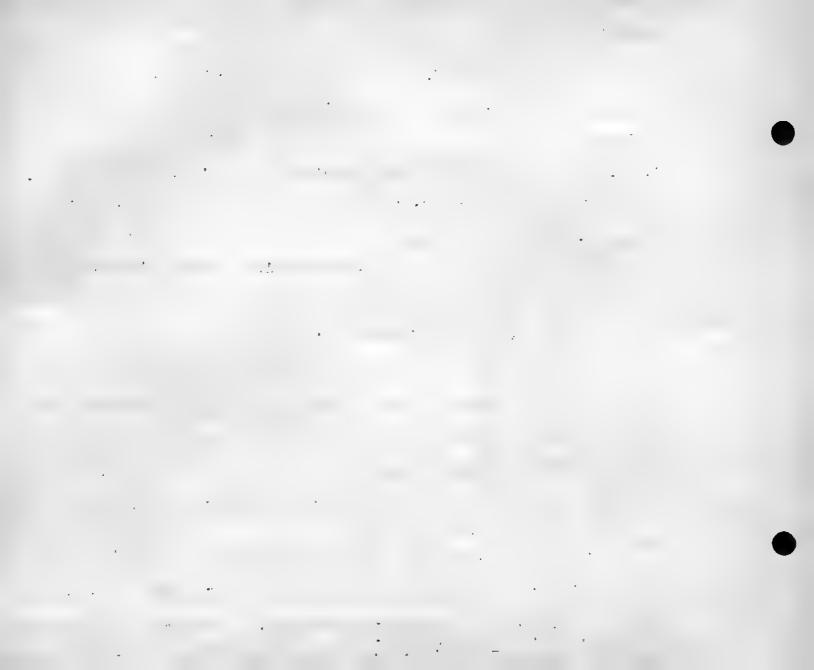
34 h .

1	. MARYLAND STATE DEPARTMENT OF HEALTH	
EOD CTATE	04860 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	DECEASED NAME First Middle Lost 20 DAFE KNOWN X Month Day Year	12b. ∺OUR
***************************************	(Type or Print) FRANK M. IRELAND OF ESTI- DEATH MATED 19	ZO. HOUR
delay is and 3 to M3. Page	SEX 4 RACE S DATE OF BIRTH 6. AGE (in yours 1 F UNDER 1 YEAR 1 F UNDER 24 FIRS 2c. DATE PRONOUNCED DEAD	2d. HOUR
y delt and m3.	male white 5-6-1948 (ast birthdov) ANYS HOURS MIN Mapril Doy26, Year 1969	DPOD
E 64	BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
farr farr fe D	MD. U.S.A WIDOWED DIVORCED Anne Arundel	Md.
Sive Pages ong with far th the State	Annapolis NAME OF HOSPITAL OR INSTITUTION (If not in haspital Annapolis 12a USUAL OCCLPATION (K nd of work dane 12b KIND OF BUT 12a USUAL OCCLPATION (K nd of work dane 12b KIND OCCLPATION (K	
er d Sive og v n the	Annapolis SAME ARSINGEL General Hosp. auring anstorworking the agent retired Country of	ellon
hadrs after de them 18 Sive P Office along wi land 2 with the	advision land 13A COUNTY Arundel Edgewater YES NOX Rte 3, Box 308, Edge	water
hadrs of hadrs of hadred law 18 of had 2 with additional additionali additional additional additional additional additional addition	FATHER'S NAME First Middle Last 15. MOTHER 5 MAIDEN NAME First Middle La	
r's Ol res of re	FRANK M. IRELAND ELSIE PAD	DV
hin ncil nine pag	WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or balkgown) (Hyes give wor or dates of service) 16b SOCIAL SECURITY NO. 17 INFORMANT E45 E PADDY #/3	
scuted within periodical Examitrile	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROX.MAI	E INTERVAL I AND DEATN
re executed 'pending'' in ef Medical E sist permit. Fivent within	PART I DEATH WAS CAUSED BY: IMMIDIATE CAUSE (e) Gunshot Wound of abdomen complicated by	
be ext "pend" hief Me ansit prevent	Conditions, if any, which gave)	
d be d "pe Chief transit	rise ta immediate cause (a), (b)	
ertificate shauld be e writing the ward "per warded to the Chief I sed as a burial-transit aval, and in any ever	stating the underlying cause last.	
tate sl ig the ed to s a bu and ii	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
writing the invariant of invari		
	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOP PARTIES 21a EXTERNAL CAUSE WAS 21b TIME OF JULY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter parties of insury in Part 1 or Part 2, Item 18)	rtial
	YES TO EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter partie of injury in Part 1 or Part 2, Item 18.)	NO 🗌
	PRIMARY X OR CONTRIBUTING HOUR AMX	
INER: e certif shauld files. 3 shault	CAUSE OF DEATH 8:00 m. 4/9/ 19 69 Subj. shot in abdomen 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. Na (dy or Town County)	State
tCAL EXAMINER: Execute the certifor Page 4 shauld for your files. CTOR: Page 3 shauld burial, cremation,	where not where totary, affice building, efc.) At work AT work Street AT work AT work Street (Partial) Edgewater, Anne Arunde	el, Md.
Pag Pag ar y Re: P.		no minian ve
stcat EXAMINER: e execute the certification of a specific serior page 4 shauld and far your files. ECTOR: Page 3 shauld tremation,	deoth resulted from Notural courses , Accident , Suicide , Homicide , Undetermined manner	, ,
ITY DICA ry, please e eral director be retained RAL DIRECT priar ta bu	CHIEF MEDICAL EXAMINER	
Y, p y, p e re AL prio	ACTUAL SIGNATURE DE M.D. ASSISTANT MEDICAL EXAMINER 226. DATE SIGNED	
D DEPUTY DICAL EXAM necessary, please execute the funeral director Page 4 5 may be retained far your D FUNERAL DIRECTOR: Page Health priar to burial, crem	EXAMINER'S Werner U. (Spitz) M.D. DEPUTY MEDICAL EXAMINER 4/28/69 ADDRESS(Street, city, town, or county)	
necessa the fun 5 may 10 FUNE	BERTAL, CREMATION, 236 DATE 23c, NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City of Town) (County)	State)
- IT	384081812 4-30-69 Mt. Zinn Mt. Zinn Mt. Zinn A.H. M	D.
M	FUNERAL DIRECTOR 250 REC BY REGISTRAR 250 REG STRAR'S SIGNATURE	
VR A15ME (5) 10M REV. 1/68	toker M. Ly to T four Churpols Md. DAMAY 1 1969 Charles Judge	2.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04855 04861 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2g DATE OF DEATH 2b. HOUR The law requires that the death certificate ba-executed within 24 haurs after death. signed by the attending physician and campletely filled in be the tuneral burial-transit permit. Then please campove carban papers. Pages and 2 burial, cremation, ar remayal, and in any event, within 72 hour attacheath. Month_ (Type or print) 1969 Thomas Kimm 3. SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdoy) MONTHS DAYS HOURS Male Caucasion 17 October 53 YRS. 1915 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED K NEVER MARRIED country) DIVORCED [Anne Arundel USA WIDOWED | Iowa 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR Ft. Meade | give street oddress|
Ft. Meade | Kimbrough Army Hospital during mast of working life, even if retired.)
Military Translater INDUSTRY US Army 13e STREET AND NUMBER 136 UNSIDE CITY ELMITS? odmission) STATE Maryland 13b. COUNTY YES 🗀 NO. 498 King Malcolm Ave Anne Arundell Odenton 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Silas Kimm Leota Taubman 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (if yes give wor or dates of service) Yes no or unknown) 498 King Malcolm Ave Christine Kimm 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Probable Myocardial Infarct IMMEDIATE CAUSE (a) Instant DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave t Carcinoma of Prostate nse to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been a director, page 3 should be detached for use as the I should be filed with the State Dept. af Health priar tall 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a, DATE OF OPERATION 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 20o, AUTOPSY? CAUSES OF DEATH? YES 🔲 KKON 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY CAUSE OF DEATH
(If either, natify medical examiner) HOUR A.M. Month Doy Year P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21d. INJURY OCCURRED 21f LOCATION Street or R.F.D. No. City or Town County State While Not while of work 22a. I certify that XIX(this hospital) attended the deceased from DOA 3 Apr. 1969, ta DOA 7 Apr. 1969, that (I) (we) last saw the deceased alive an DOA 19, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (I) (we)(did) (yit) (ye) view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING MED. DIRECTOR STAFF DEGREE 8 April 1969 PHYS. 22d PHYSICIAN S 22e. ADDRESS NAME (Type) William Howell. Ma.1 Kimbrough Army Hospital 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BUR AL, CREMATION, (County) Bur 121 Arlington National Cem. Arlington Virgin ia 25a, REC'D BY REGISTRAR 25b REGISTRAR'S Hopping VR A15 (4) 30M REV 1/68 HOPPING FUNERAL HOME Annapolis, Md.

MARYLAND STATE DEPARTMENT OF HEALTH



- 1	MARTLAND STATE DEPARTMENT OF HEALTH						
	02000	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BA		04856		
L.	04862		CERTIFICATE OF DEATH				
1	DECEASED-NAME (Type or print)	rst Middle	Lost	2a. DATE OF DEATH	2b HOUR A		
	Mary Mary		KNACKSTEDT	April Month 27	Day 1969 4:10 M		
3	SEX	4. RACE	S DATE OF BIRTH	6 AGE (In years	IF UNDER YEAR IF UNDER 24 HRS		
L	TEMPLE	WHITE	AUG 26,	1879 108 10 (ay)			
	o BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH			
	IVID	U. >/7.	WIDOWED DIVORCED	Anne Arundel			
, 11	O CITY OR TOWN OF DEATH	grye threet old ress		USUAL OCCUPATION (Kind of work dor			
1;	3a. LSUAL RESIDENCE (Where deco		13c CITY OR TOWN 3d INSIDE C				
	14/1	HAVE ARUNDEL					
ľ	4 FATHERS NAME FIRST	K MYERS	ROSE B	LVEY Middle	Last		
Ī	6a. WAS DECEASED EVER IN U.S. A Yes, not of unimown) (If yes an	RMED FORCES? 16b SOCIAL SECURITY	NO 17 INFORMANT CHARLES	KNACKSTE			
-	18 CAUSE OF DEATH /Fotor	anly one cause per tine for (a), (b), and (c		· · · · · · · · · · · · · · · · · · ·	APPROXIMATE INTERVAL		
П	PART I DEATH WAS CAU	SED BY-	13		BETWEEN ONSET AND DEATH		
	LII - ~ IMME	DIATE CAUSE (a)					
	Conditions, if ony, which gav	(8)	The Ar	1/10	1 000		
1	rise to immediate couse (a stating the underlying cous		musical C	V 12	Janus J		
	last	(c)					
	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(a)			
1	z						
	19a DATE OF OPERATION 19	Pb. CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20o. AUTOPSY?		S CONSIDERED IN CERTIFYING		
	Ē		YES NO	CAUSES OF DEATH?			
	2 o ACCIDENT WAS UNDERLY		21c HOW INJURY OCCURRED (E	inter nature of injury in Part 1 or Part	2, Item 18)		
1	(If either, natify medical exa	miner) P.M.	9				
	21d MuJRY OCCURRED 21 While Nat while at work	e. PLACE OF INJURY (AT HOME FARM, STREET, F) OFFICE BUILDING, ETC	21f LOCATION Street or R.F.D	No City or Tawn	County State		
	22a certify that (I) (this haspital) attended the deceas	ed fram	9_ 2-2 , to	19, that (I) (we) last		
	saw the deceased	alive anve, (i) (we) (did) (aid nat) view the	1967, and that in (my) (aur)	opinion death accurred an the	date and haur and from the		
	226. SIGNATURE	ve, (i) we) (ala) (ala har) view the	Duay after death		O. DATE CLOSED		
	100012	noth tel	DEGREE PHYS	DIRECTOR DESTAFF	2c. DATE SIGNED 69		
1	22d Physicians	- wyar	22e ADBRESS	SIRECTOR - PAIS -	1-295		
	NAME (Tyle)	SHIPLE	Y an	napolir 1	mal		
2:	3a BUR AL CREMATION, 231		REMETERY OF CREMATORY	26d LOCATION (City or Town)	S (County) (State)		
2	4 FUNERAL DIRECTOR	ADDRESS		D BY REGISTRAR 256 REGISTRA	R S SIGNATURE		
4	JOHN M. TA	YLOR. SONS HONA	POUS /UD DATE A)	1 1369 Jula	nes judge		



7		MAKYLAND STATE DEPARTMENT OF HEALTH O. Z. O. Z. DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE			4857
HEALTH DEPT.		DECEASED NAME First Middle Lost 20 DATE KNOWN Month Day	
	((Type or Print) Joseph. F. Koenig. St. DEATH MATED 429	1 19 PM
Sny delay is 2, and 3 to PM3 Page	3 S	SEX 4. RACE S DATE OF BIRTH S AGE (n years I F LNDER 1 YEAR I FUNDER 24 HRS 2C. DATE PRONOUNCED DEAD	2d. HOUR
ny deloy 2, and 3 PM3 Po	L	M W 4-19-04 65 VRS.	Year 169 - M
- E &		BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED 9. COUNTY OF DEATH	7
es <u>a</u>	<u> </u>	MARTY and U.J. 11. WILLOWED HAVE HAVE HAVE OF.	Md
offer death along with farm	G	g ve street oddress) // Maring most of working life every frehred INDU	KIND OF BUSINESS OR
Give Give	/13o	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3d INSIGE CITY OF 13e STREET AND NUMBER	at following
deo deo		odmiss an) STATE Md. 136 COUNTY Anne Atundel Severn YES INO & Box 486 - Done	ald Ave.
haurs of Item 18. Offlice al I and 2 ofter dec	14. 1	FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Last
24 h in He r's O r's O r's O r's Of		George Kasania Anna Hoffma	~
hin 24 ncil in niner's pages haurs	160	WAS DECEASED EVER 16 S SARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Yes, no, or unknown) (Fyes give wor or dates of service)	0 14
executed within anding' in pencil Medical Examinei toermit. File page int within 72 hau		No 11/11 23-03-7815 1915-Christina B. Krenig Wite)	ameAs 13
be executed "pending" in the Medical E ansit permit. E event within	1	.8 CAUSE OF DEATH (Enter only one couse per lipe to (a), (b), and (c).) PART I. DEATH WAS CAUSED BY.	APPROXIMATE INTERVA. BEDAVEN CHSET AND DEATH
xecuted Iding* Medical permit. † within		IMMEDIATE CAUSE (o) VALLEURING	Ila n
be execut "pending" hief Medicc ansit permit event with		Conditions, it day, which gave)	ask.
Chi Chi V		nse to immediate couse (o), (b)	
INER: This certificate shauld be executed within 24 in certificate, writing the ward "pending" in pencil in shauld be farwarded to the Chief Medical Examiner's files. 3 shauld be used as a burial-transit permit. File pages nation, as removal, and in any event within 72 haurs		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
te s the d to d to a bu		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3(g)	
ifica ting ardec al, a	≥		
certil arwar used mova	CERTIFICATION	19a. DATE OF OPERATION 1.9b. CONDITION FOR WHICH OPERAT ON WAS PERFORMED?	20. AUTOPSY?
Thrs ate, be for	RIF		YES NO
INER: The e certifica e certifica shauld be files. 3 shauld be as an		PRIMARY OR CONTRIBUTING HOUR A.M.	8)
INE share share 3 share atta	MEDICAL	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Your Co.	ounty State
		WHILE NOT WHILE factory, office building, etc.)	
		22a. I certify that I book tharge of the rema pe described above, held an Autapsy , Inspection , Inquiry	and in my apinian
ICAL E s executor. Par. Par. ed far CTOR: F burial,		death resulted raps: Actival causes 1. Accident 1. Suicide 1. Hamicide 1. Undetermined manner	
please ey I director. retained		CHIEF MED CAL EXAMINER	
JIY, ple erol di be reto prior		SIGNATURE M.D ASS STANT MEDICAL EXAMINER 22b. DAJE SIGN	IED /19
DEPUT cessary e funer may be may be FUNERA		EXAMINER'S DEPUTY MED CAL EXAMINER (1) 4/3-7	7-1
ro DEPUTY necessary, if the funeral is may be in the funeral is may be in the funeral in the fun	22.0	NAME (Type) ADDRESS(Street, city, town, or county) BJRIAL (REMATION, 23b DATE 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	900
5	230	a BURIAL (REMATION, REMOTAL (Specify) / Max 2 1969 (Chr. Haven Mem. Park (Specify) / Burnie)	unty) (State)
N.K.	24	SUBSTAL DIFFOR 1 PODRESS 1 250 REGISTRAR 250 REGISTRAR 3 9GN.	
VR A15MA (5)	1	V. Lingtiton Burne 14 John A 1 1969 Tolomles	andre.
//			/



MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04864 04858 CERTIFICATE OF DEATH 1. DECEASED NAME Middle Last be exercited within 24 hours after death. 2a. DATE OF DEATH 2b. HOUR 69ear (Type or print) Month 3. SEX 4. RACE S. DATE OF BIRTH offer 6. AGE (In years IF LINDER 1 YEAR IE DHOER 24 HRS completely filled in by the Pages lest birthday) MONTHS DAYS HÖURS hours C> YRS 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH the attending physician, and rempletely filled in sit permit. Then please remove corbon papers W-DOWED. DIVORCED within 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR NOS Gring most of working life, even if retired.)
TEA Retired Operator **NDUSTRY** Transit event, 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN I3e. STREET AND NUMBER 13d INSIDE CITY LIMITS? odmission1 STATE 13b. COUNTY burial, cremation, or removal, and in only 14 FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Lost Middle Unknown Unkhown law requires that the deoth certificate 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address Yes, na. or unknown) 1917/1918 213-10-1088 Pauline Lafferty 701 Marlbord MIS APPROXIMATE INTERVALE CONTROL OF THE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS Conditions, if any, which gave burial-transit rise to immediate cause (o). <u>ک</u> be retained by the haspital or attending physician. stating the underlying cause DUE TO, OR AS-A CONSEQUENCE signed l last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO FIR IO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of musy in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year P.M (If either, natify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 211. LOCATION Street or R.F.D. No. City or Tawn Stote County While Mat while at wark 22a. I certify that (I) (this haspital) attended the deceased from. saw the deceased alive an-10 , and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE ATTENDING MED. DIRECTOR STAFF DEGREE PHYS. PHYS TO MOSPITAL Poge 4 moy b 22d. PHYSICIAN S 22e. ADDRESS NAME (Type 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) REMOVAL (Specify) 4/24/69 Baltimore, Md. Loudon Park Cemetery 24 FUNERAL DIRECTOR 263 RAR 196\$25b Glen Burnie, Md. Raymond C. Fink



1	MARYLAND STATE DEPARTMENT OF HEALTH OLOGE DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1859
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Do	y Year 2b HOUR
dy is 3 to Poge	CLEMENTINE LATSON DEATH MATED X	19 A
and 3 and 3 M3. Pog	3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c DATE PRONOUNCED DEAD loss britishopy) MONITIS DAYS HOURS MAN. Month	y 34:15 W
S, or d	female negro 12/9/38 30 yrs. April 7,	Year 1969 P. M
	70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
for for	S.C. USA WIDOWED DIVOKED Anne Arundel C	
ofter deoth 8. Give Page olong with the with the Stat		KIND OF BUSINESS OR WISTRY URS IN
er o	Annapolis Rt. 50 Nurses Aid Nurses Aid Iso USUA. RESIDENCE (Where deceased lived, if institution Residence before ISC CITY OR TOWN ISO MISSING CITY JMA. 157 ISO STREET AND NUMBER	ursing
EXAMINER: This certificate should be executed within 24 hours after death execute the certificate, writing the word "pending" in-pendi in Item 18. Give Pages 1, or Page 4 should be forwarded to the Chief Medical Examiners Office along with form 1 for your files. TOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Deurial, cremation, or removal, and in any event within 72 hours after death	The second secon	d Place NE
t hours them Office Office offer	14 FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
in Item 18 in Source of 10 of	Governor Latson Hattie Giles	
hin/24 hin/24 acil in niners poges hours	16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (Yes, no, or unknown) (If yes give wor or doles of service)	
within yearding xamine rile poge 72 hou	(Yes. no. or unknown) (If yes give wor or dotes of service) Woodrow Latson (Same as decedent)	
British Parish	18. CAUSE OF DEATH (Enter only one couse per me for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Complete Management of Complete Ma	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
edic edic wit	MMEDIATE CAUSE (o) GAPDON PROHOXIDE POISONING	
pen pen sit p sit p sent	Conditions, if on f, which gave)	
d b Chirc fron Y ey	rise to immediate cause (a). (b).	
This certificate should be executed wit icate, writing the word "pending" In-pe be forwarded to the Chief Medical Example used as a burial-transit permit. File or removal, and in any event within 72	lost.	
o bu	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
fical ing rded rded os		
te, writin forward forward a used a	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a EXTERNAL CAUSE WAS 21b TIME OF AUGUST Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of jailury in Part Loc Part 2, Item	20 AUTOPSY?
his to the form	WAS PERFORMED?	YES X NO
INER: This certificate e certificate, writing should be forwarder files. 3 should be used as should be used as faitin, or removal.	210 EXTERNAL CAUSE WAS 21b TIME OF JULIURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 40UR AM 4/7/ 69 Soot inhalation in burning automob	18) Smoke and
INER, should show a should show a should show a should show a sho	S:33 PM. 4// 19 0 ing collision	
KAMINER: te the certi ge 4 should your files. 'age 3 shou cremation,		County State rundel, Md.
bical Examiner: se execute the certification Page 4 should ined for your files. ECTOR: Page 3 should be buriol, cremation,	AT WORK 1.3 AT WORK 2.7	
TY DICAL E y, please executed director Poi se retained for tal DIRECTOR: f prior to buriol.	220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry ,	ond in my opinion
please e director retained or to bu	deoth resulted from: Natural couses: Accident X Suicide , Homicide , Undetermined monner)
ny, please e eral director be retained RAL DIRECTOR Prior to bu	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER AD ASSISTANT MEDICAL EXAMINER 226. DATE SIGN	NFD
UTY Perg be be Pr	signature M.D. Assistant Medical examiner (2) 220. Date signature (2) Examiner (3) 4/8/	
TO DEPUTY SICAL E necessory, please exect the funeral director Po 5 may be retained for TO FUNERAL DIRECTOR: Health prior to buriol.	NAME (Type) ADDRESS(Street, city, town, or county)	
10 T T T T T T T T T T T T T T T T T T T	DEMONIA (CT ()	iunty) (State)
	BUYLER 4/12/69 Harmony Landover, Md.	Co Breece
VR A15ME (5) _ ~	24 FUNERAL DIRECTOR FUNERAL FROME, Washington, D. C. 250 READER REFISAR 19896 REPUSERS STORES	HATORY
10M REV 1/68	DATE DATE	
141		





	11-18-	DI	VICION OF V			DEPARTMENT OF		DV// 41/10 0 - 0			
1	*	04867	VISION OF VI			RESTON STREET, BAL ATE OF DEATH		KTLAND 212	101	0486	54
defath.	DECEASED-NAME (Type or point)	First Ruth		Middle L.	Loe	lost ewenstein	2a. DATE O	F DEATH Month	20	Y695	2b HOUR 2:30 M
	3. SEX	4	RACE			S. DATE OF BIRTH		6 AGE (In year			IF UNDER 24 HRS.
	Female		Whit	e	i	6/12/28		tast birthday)	YRS.	ITHS DAYS	HOURS MIN
	7a. BIRTHPLACE (State	ar fareign 75	CITIZEN OF WHAT	COUNTRY?	8 MARRIED [NEVER MARRIED	9. COUNTY O	F DEATH			
	Maryland		US		WIDOWED [DIVORCED		e Arunde	_		Md
1	1D. CITY OR TOWN OF I	11e	g cro	OF HOSPITAL OR IN: et address) wnsville	State	Hospita during n	UAL OCCUPATION	l (Kind af wark glife, even if reti	dane 1 ired) 1	25 KIND OF BUINDUSTRY	JSINESS OR
\cap	13a. USJAL RESIDENCE admission) STATE Marylan	(Where deceased In	ved, if institution:	: Res dence befare	13c. CITY OR Balitm	TOWN 13d INSIDE CTY	I Mils? 13e S	TREET AND NUMB	ER	nt Ave	nue
ó	14. FATHER'S NAME	First	Middle	Lost		MOTHER'S MAIDEN NAME	First	Mid		110	Last
		ur	nknown				Ruth		Loew	enstei	n
	16a, WAS DECEASED EV	ER IN U.S. ARMED F	ORCES? 16	b. SOCIAL SECURITY I	NO. 17. IN	FORMANT		Addr			
	Yes, na, or unknown unknown		u	nknown	F	lospital Rec	ords, C	rownsvi	lle, l	Maryla	nd
1 1	1B. CAUSE OF DI	EATH (Enter anly an TH WAS CAUSED BY IMMEDIATE CI	AUSF (a)	Dan	1000	12/2		•		APPROX MA BETWEEN ONS	TE INTERVAL ET AND DEATH
	Candit ans, if any		DUE TO, OR AS A	CONSEQUENCE OF	V 4 13		4				
	rise to immediate stating the under		DUE TO, OR AS A	CONSEQUENCE OF		240111-	<u>a-</u>				
	last)	(c) h	7/. ct -	rith	- 12 - 17 C	12 1	- L			
	PART 2. OTHER SI	GNIFICANT CONDITIO	ONS CONTRIBUT N	G TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE OR	CONDITION GIVE	N IN PART I(d)			
	5 1 rd :	ties	2.452 1	والشعجاب فيشره وسالحا	is- 4	LOTOY OF	2/ 11/13	247.70	سر لد	. *)	
7	190 DATE OF OPER	ATION 196. COND	ITION FOR WHICH	OPERATION WAS PE	RFORMED	20a. AUTOPSY?	CALIEC	F YES, WERE FIND S OF DEATH?	NGS CONSI	DERED IN CER	TIFYING
	21a. ACCIDENT W	AT THIREDIVING	ON THE OF IN	HINN	In. un	YES NO	X k				
	GR CONTRIBUTING	CAUSE OF DEATH	216 TIME OF IN HOUR A.M. M. P.M.	Manth Day Year		W INJURY OCCURRED (Ent	er nature af inju	rry in Part 1 ar P	art 2, Hem	18.}	
	21a. INJURY OCCU While Not who	IRRED 2)e PLACI		HOME, FARM, STREET, FAC FICE BUYEDING, ETC.		ATION Street or R.F.D. No	a. City	ar Tawn	Co	ounty	State
	22a L certify	that (1) (this ha	on(we) (did) (di	led the decease 4/201 d not) view the	ed from 9_69, and body ofter d	1/9, 19 that in (my) (our) op eath.	69 , to ointon death	4/20 occurred on th	, 19 <u>69</u> he date a	, that (ina hour ar	l) (we) last nd from the
	22b. SIGNATURE								22c DATE	SIGNED	
				Market Comments	DEGRE		MED DIRECTOR	STAFF PHYS.	4/20,	/69	
	22d PHYSICIAN'S NAME (Type)		Gonzal	ez, M.D.		220 ADDRESS Crownsvil	lle Sta	te Hospi	tal,	Maryla	and
	23a BURIAL (REMATIO REMOVAL (Specify)	N, 23b DATE 4.2	2/69	19 Md	- Mad-	School	Bal	ON (City or Town)	e W.	di	(State)
V	24. FUNERAL DIRECTOR			₩ ADDRESS			BY REGISTRAR 2 4 196		RARS SIGN		
6						DATTEL	2 4 196	J FILL	CHYCES	Joseph J	-



1		144 104863	DIVISION OF VITAL REC	TLAND STATE DRDS, 301 W. F	DEPAKIMENT OF RESTON STREET, BA	HEALTH LTIMORE, MARYLAND 212	01	
•	L		#13c&e, FilmGh	12 CERTIFI	CATE OF DEATH		06337	
북 <i>구</i> 2북		ECEASED NAME First Type or pnnt)	Middf	8	Last	2a. DATE OF DEATH	25. HO	UR
funeral funeral		Antho		Luch	asavich	Month 4	21 69 12:0)5p
F F F X	3. 5	EX	4. RACE		S DATE OF BIRTH	6. AGE (In year	S IF UNDER YEAR IF UNDER 24 MONTHS DAYS HOURS	HRS
S + E S	L_	Male	White		unknown	last birthday) 84	YRS. MORINS DATS HOURS	arth.
g - d . 25/	70 cau	BIRTHPLACE (Store or fore gn ntry)	76. CITIZEN OF WHAT COUNTRY?	8. Maradika	CONTEVER MARRIED	9 COUNTY OF DEATH		
nin 24 haurs after lifilled in by the fur papers -Pages, I	<u> </u>	unknown	US		□yb-DIVORCED □	Anne Arundel		Md.
# * P & P & P & P & P & P & P & P & P & P		Crownsville	give street address) Crowns	LOR INSTITUTION (IF)		SUAL OCCUPATION (Kind at work in mast of working life, even if refi		R
plet car	13a	USUAL RESIDENCE (Where deceo: ssion) STATE	sed tived if institution. Residence		RINOWINE 3d INS DECT		ER 21201	—
cdm cove		Maryland	13by COUNTY / JUNE 10 WIT	/whiki	nown/ YES	uhkabka 82	7 Hollins St.	
1 DE 4	14.	FATHER'S NAME First	Middle	Last 1	S MOTHERS MAIDEN NAME	Farst Mide		
	L		nown			known		
Sicre on plea		WAS DECEASED EVER IN U.S. ARA es, no, or unknown) (If yes give y	MED FORCES? 16b SOCIAL SE	CURITY NO. 17	INFORMANT	Addr	ass	
phy en ava	-	unknown	unkno		<u>Hospital Rec</u>	ords, Crownsvil	<u>le Marylano</u>	
th certificate he are ing physician and control removal, and in any		 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED 	ly one cause per line for (a), (b),	and (c))			APPROX MATE INTERVA. BETWEEN ONSET AND DEAT	ГН
e death affendi permit. an, ar ri		IMMEDIA	ATE CAUSE (a) Bronchor	neumonia				
per aff		4/27	DUE TO, OR AS A CONSEQUE	NCE OF				
of the nsit p	Į	Canditions, if any which gave rise to immediate cause (a),	(b) Arterio	scleroti	<u>c cardio vas</u>	<u>cular disease</u>		
s tha ian. I by tran tran		stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF				
physician. physician. signed by burial-trar			(t)					
ing par veging plants in sign to but	Z Z	FART 2 OTHER SIGNIFICANT COP	IDITIONS CONTRIBUTING TO DEATH	BOT NOT KELATED I	O THE TERMINAL DISEASE O	RICONDITION GIVEN IN PART 1(a)		
s be as the principle of the principle o	CERTIFICATION	19a DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION	WAS PERFORMED	20o AUTOPSY?	206 IF YES, WERE FINDI	INGS CONSIDERED IN CERTIFYING	
Tag 48#	E E				YES NO			
AN: al ar cate ar c		21 a ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT	G 21b. TIME OF INJURY . H HOUR A.M. Manth Day	21c. H	OW INJURY OCCURRED (En	ter nature of injury in Part 1 or Pa	art 2, Item 18.)	
SICL spring and financial	MEDICAL	(If either, notify medical examination	ner) P.M.	10				
FOGE 4 may be retained by the haspital ar attending physician. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed very be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician amplete director, page 3 should be detached for use as the burial-transit permit. Then please remove cark should be filed with the State Dept. of "ealth prior to burial, cremation, ar removal, and in any event."	- 1	While Nat while at work			OCATION Street or R.F.D. B	No City ar Tawn	Equity State	e
by hitter be Stat		22o. I certify that (I) (th	s hospitol) attended the d	eceosed from	2/21 , 19.	69, to 4/21	., 19 <mark>09 _ , thot (I) (we)</mark>	lost
R: A		sow the deceased o	ive on <u>4/21</u> , (I) (we),(did) (did not) vie	withe hody ofter	d that in (my) (our) o death	pinion deoth occurred on th	ne dote and hour and from	the
ATI Short Harring		22b S GNATURE	7,1) (Noptala) (0101) 110	//: 7	dcom.		22c DATE SIGNED	
OR JOR J		I theile	14 Mille	i Mage	REE PHYS	MED STAFF 14	/22/69	
AL Dy bogg by fille		22d PHYS CIAN S			22e ADDRESS			
SPIT 4 m IER/ ar,		NAME (Type) Charl	es R. Venter, N	1.D.	Crownsvil	le State Hospit	al, Maryland	
O HOSPITAL Page 4 may O FUNERAL I directar, pag shauld be fii	230	REMOVAL Specify) 23b.	1.7.69 P. NA	MET OF CEMETERY OR	CREMATOR Charles	23d LOCATION (City ar Town)	(State)	
	24.	FUNERAL DIRECTOR	Ai	DDRESS		BY REG STRAR 256 REGIST	RAR'S SIGNATURE	_
VR A15 (4)					DATE MA	BY REG STRAR 1969 Sh REGIST	reves for 15	•



_					STATE DEPARTM			
l		04869	DIVISION OF VI		BOT W. PRESTON STI		RE, MARYLAND 21201	04862
		CEASED-NAME First		Middle	Last		DATE OF DEATH	2b HOUR
		ype or print) Alon	7.0	E,	LYON		_Month_ D	lov Year
	3. SE		4. RACE		I S. DATE OF B		6. AGE (In years	1969 M. IF UNDER 1 YEAR IF UNDER 24 HRS.
		male	cauc.		Mar.		last birthday)	MONTRS DAYS HOURS MIN
	7o 1	IRTHPLACE (State or fore gn	7b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED NEVER MAR		UNITY OF DEATH	<u>' </u>
	cour	^{iiy)} Kentucky	USA				Anne Arundel (Co. Md.
	10 (ITY OR TOWN OF DEATH	11 NAME	OF HOSPITAL OR INST	ITUTION (If nat in haspital	12a USBAL OC	CUPATION (Kind of work done	12b KIND OF BUSINESS OR
		Annapolis USUA. RESIDENCE (Where decease	give stree	apolis Ni	rsing Home	during most of	working afe, even if retired.) INDUSTRY Sonstruction
	13o. odm:	ccioni XIAII	ed lived, if institution	Residence before	13c CITY OR TOWN		13e STREET AND NUMBER	
		Marylane		rund el	Annapodis	YES NO 🗆	1831 Lindame	
	14. [ATHER'S NAME First	Middle	Lost	15. MOTHER'S M.	AIDEN NAME First	Middle	Last
	160	WAS DECEASED EVER IN U.S. ARI	TED EUDICECS 141	Lyon 5. SOCIAL SECURITY N	D. 17 INFORMANT	P	neebe	Jayne
	100. Y		rar or dates of service)		_	O	640 Amerians	
		18. CAUSE OF DEATH (Enter on		inknown	James L.	Steeps	Anna palis, M	APPROXIMATE INTERVAL
		PART I. DEATH WAS CAUSE	D BY	or (a), (b), and (c)) or (a), (b), and (c))	OI THP	nem RAS.	, _	BETWEEN ONSET AND DEATH
		IMMEDI.	THE CHOSE (O)	CONSEQUENCE OF	7 / / //	W// GO 3/		1 11 12 12 13 18
		Conditions, if any, which gave	IN AK	(EKIDSO	1582515	GEN	RALIZED	7 YEARS.
		rise to immediate couse (a) (stating the underlying cause)	(b) - 2	CONSEQUENCE OF	16 1 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6	12 1- 10/2	KUN PAR	
		last	(c)					
		PART 2 OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTING	TO DEATH BUT NO	T RELATED TO THE TERMINA	AL DISEASE OR CONDI	TION GIVEN IN PART 1(a)	/
	8	CEKEBRA	LARIE	RIDSC	IFROSIS		RIENTATIO	2
	S	190. DATE OF OPERATION 19b	CONDITION FOR WHICH	OPERATION WAS PER			20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
	CERTIFICATION	Al. According to the state of t	10 Loui 2002 25	de land	YES _			2.1.
ĺ		210 ACCIDENT WAS UNDERLYING CAUSE OF DEA	B HOUR A.M. N	IURY Nanth Day Year	21c. HOW INJURY OC	CUKRED (Enter natu	re af injury in Part 1 ar Port 2	t, Item 18.)
		(If either, not fy medical exami	ner) P.M.	HOME EARN STREET EACT	ORY) DIG LOCATION S	at as RED Na	City or Town	County State
	_	While Not while at work	PLACE OF INJUNT	ICE BLILDING, FIC	ORY.) 21f LOCATION Street	et of K.F.D. No.	City or Town	County State
		220 certify that (1) (th	is hospital) attand	ed the decease	d from CCT S	1963	to SARRI 1	9 6 that ATD (wa) loss
		sow the deceased o	live on	-19 19	69, and that in m	y (our) opinion	deoth occurred on the	19 <u>69</u> , thot (1) (we) los dote ond hour ond from the
		couses stoted obove	e(()) (we)(did)(did	not) view the b	ody ofter deoth.		/	
		226 SIGNATURE	10/1	14. 1	ATTENDI	NG MED.	C STAFF C	DATE SIGNED
		62d_PHYSKIAN'S	Tel ST	<u> </u>	DEGREE PHYS.	- DIKECI	OR LJ PHYS. LJ	7-3-69
		NAME (Type)			228. AUC	JKL33		
1	230	BURIAL CREMATION, 23b.	DATE	23c NAME OF C	EMETERY OR CREMATORY	23d	. LOCATION (City or Town)	(County) (State)
		DEMOVAL (Consults)	4/8/69		nd Cemetery		Ashland	Kentucky
-	24	BEVENIEY E. Ho	pping	ADDRESS	·elama	25g REC'D BY REC	SISTRAR 2Sb. REGISTRAR	R'S SIGNATURE
		HOPPING FINER	I HOME - A	nnanolie	· Wa	WALK 8	1969 & Chan	Mar Indas.

...

1.2		1		DUNCION OF ME		D STATE DEPARTME				
100	_	ш	07.000	DIAISION OF ALL		301 W. PRESTON STR		E, MARYLAND 21201		en.
			04870		(ERTIFICATE OF I	DEATH		0486	3
	r death.		DECEASED NAME (Type or print)	boxt	Middle	Madde	2a. I	DATE OF DEATH Month 24 Day	15,45	2b. HOUR
	after he fu ges 1 after	3, 1	M M	4 RACE	W	5 DATE OF BIR 11-7-		6. AGE (In years last birthday)	IF UNDER 1 YEAR	F UNDER 24 HRS. HOURS MIN.
	4 hours		BIRTHPLACE (State or foreign intry) Mary Land	76. CITIZEN OF WHAT O		8. MARRIED X NEVER MARR WIDOWED DIVORC	ILU .	NTY OF DEATH		
	ithin 24 h fy filled in on popers within 72 h		CITY OR TOWN OF DEATH Glen Burnie	11 NAME	OF HOSP TAL OR INS	Convalescent	120 USUAL OCCU	PATION (Kind of work dane varking life, even if retired) Operator	12b KIND OF BI	usiness or n Corp.
	e executed withing and completely fremove carbon a any event, with	130	. USUAL RESIDENCE (Where detections state Maryand	sed liyed, 'f institution		13c CITY OR TOWN 13	YES NO NO	13e STREET AND NUMBER 1034 Wilmingt		
	ond co	14	FATHER'S NAME First	Middle Madden	Lost	IS. MOTHER'S MA.		Middle		Last
	ficate be ysician o pleose al, ond ir	160	. WAS DECEASED EVER IN U.S. AR		. SOCIAL SECURITY N		(OHRHOWH)	Address		21223
	certifica g physia fhen ple noval, c	L	Yes, na, ar unknown) (11 yes give	war ar dates of service)	<u>16-01-64</u>		y L. Made	len 1034 Wilmi	ngton A	ve.
	E E E		18. CAUSE OF DEATH (Enter of PART). DEATH WAS CAUSE IMMED	nly ane cause per line fo D BY. ATE CAUSE (o)	(a), (b) and (c))	continu	ilan 1	ailur	11.1	TE INTERVAL ET AND DEATH LL7
	the affer the affer the permit notion, ar		Canditions, 1 day, which gave rise to immediate course (a),	DUE TO, OR AS A	contequence of	s Varcula	- ale	ident	luce	15
	physician physician signed by the burial-transit burial, cremo		stating the underlying couse isst	DUE TO, OR AS A	Cluu	alij C	Ertui	lij	yea	~.
	w requi	=	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE OR CONDITIO	ON GIVEN IN PART 1(0)		
	IAN: The low requires that or ottending physician icate has been signed by for use as the burial-fra Health prior to burial, cre	CERTIFICATION	190 DATE OF OPERATION 196.	CONDITION FOR WHICH C	PERATION WAS PER	FORMED 20a. AUTOPS	NO P	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CER	JIFYING
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 moy be retained by the haspital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	ਤ	21a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exomi	H HOUR A.M. M	JRY anth Day Year 19	21c. HOW INJURY OCCU	IRRED (Enter noture	of injury in Part I or Port 2, I	Item 18.)	
	JING PHYSICIAN: by the haspital or fler this certificate be detached for u State Dept. of Heal	WED		PLACE OF INJURY LATH		ORY.) 21f LOCATION Street	or R.F.D. No.	City or Town	County	State
	Abing d by the After of the Aft		22a. I certify that (I) (the saw the deceased of	live an	LY	and that in (my)	19 <u>6</u>),	ta	67 , that (l) (we) last
•	OR ATTENI be retained DIRECTOR: #		causes stated abov 22b SIGNATURE	e, (1) (we) (did) (did	not View the b	ady after death.		22: 6	DATE SIGNED	
	oy be r		22d. PHYS CIAN		20 Aug	DEGREE PHYS.	DIRECTOR	STAFF D Y	14/69	
	TO HOSPITAL Page 4 moy TO FUNERAL I director, pog should be fill	230	NAME (Type) MA BURIAL, CREMATION, 23b	DATE	123c NAME OF C	EMETERY OR CREMATORY	1 1 (- /4	JOCAT ON (City or Town)	(County)	(Stote) (ol
	Pag OF dire			-28-69		ridge Cemeter				Mary lan
	VR AIS TO		FUNERAL DIRECTOR		ADDRESS		2Sa REC D BY REGIS	TRAR 2Sb. REGISTRAR'S	SIGNATURE	
	45M 1 89	F	loward H. Hubba	rd 4107 Wi:	lkens Ave	21229	DATE APR 2	8 1969 RClis	way Jus	lgs

MADULAND CTATE DEDADTMENT OF HEALTH

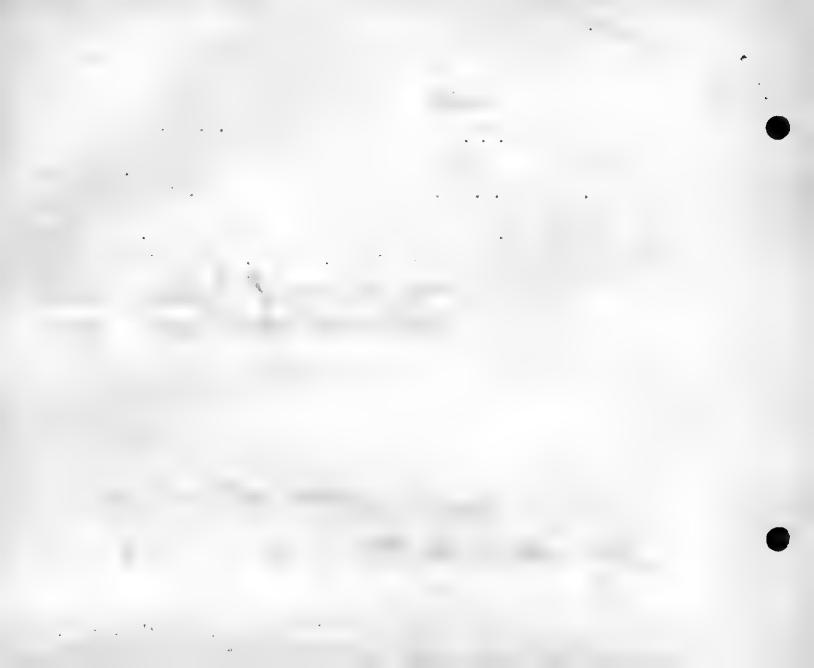




MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04872 04885 CERTIFICATE OF DEATH DECEASED NAME Middle 20. DATE OF DEATH 2b. HOUR death. (Type or print) MES executed within 24 hours ofter 3. SEX 4. RACE S. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR lost birthday) MONTHS completely filled in by the ACE (State or foreign 76 CITIZEN OF WHAT 8 MARRIED | NEVER MARRIED | COUNTY OF DEATH country) ANNE ARUNDE DIVORCED [1) NAME OF HOSPITAL OR INSTITUTION (IL rot in hospital | 120 U give street address) NORTH HRUNDE | d. rot CONVALSCENT. CENTER (C. 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR 13a USUA: RESIDENCE (Where deceased lived, if institution: Residence before 113c CITY OR TOWN 13e STREET AND NUMBER 3d NS DE CITY JIANTS? odmission) STATE 13b. COUNTY in any 14. FATHER 5 NAME Middle the attending physican and sit permit. Then please rem Lost IS. MOTHER'S MAIDEN NAME First Lost Patrick requires that the deoth certificate-be McCarthy Mary Buggy ou o 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, na or unknown) [If yes give war or dates at service) director, page 3 should be detoched for use as the burial-transit permit. Then Na should be filed with the State Dept. of Health prior to buriol, cremation, or removal, 214 61 3610 James D. McCarthy 364 Fleagle Rd. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PARY 1 DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH signed by the attend burial-transit permit Conditions, if any, which gave ! rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) IO FUNERAL DIRECTOR: After this certificate has been 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20o. AUTOPSY? 206, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗔 NO [T 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year If either, notify medical examiner) detoched 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R F.D. No. City or Town While Not while County Stote at work 22a I certify that (1) (this hospital) attended the deceased from ded the december 19 67, and that in (my) (our) apinion death accurred on the date and hour and fram the saw the deceased alive an____ causes stated above, (1) (we) (did) (did not) view the body ofter deoth. 22b SIGNATURE **ATTENDING** DEGREE PHYS. TO HOSPITAL 22d. PHYSICIAN'S 22e. ADDRESS 23d LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION. (County) (Stote) BUT 18 (Specify) 4/7/1969 250 REC'D BY REGISTRAR Md. Holy Redeemer Cemt Balto. Baltimore FUNERAL DIRECTOR ADDRESS Mitchell Wiedefeld Home 6500 York Rd.



o • 1			DIVISION OF				AENI UF HI		VIAND 6100		
1		04873	DIAISION OF	VITAL RECORDS,	CERTIFICA		-	MUKE, MAK	TLAND 2120	049	ō ,
		CEASED-NAME Fir Print (CEASED-NAME) (CEASED-	on	Middle L	MeCo	lost ma.s	, 5 R.	2a. DATE OF	DEATH Month 7	Day 69reor	2b. 4Pm M
	3 SE	Male	4. RACE	hiTE		5. DATE OF B	8-97		6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS RS.	HOURS MIN
	coun	RTHPLACE (State or foreign	76 CILZEN OF W	HAT COUNTRY?	8. MARRIED WIDOWED		RRIED 9	A . A .	CO.		Md.
4	10 C	TY OR TOWN OF DEATH Glen Burnie	111. N	iame of Hospital or In street address) North Ar	STITUTION (If no	in haspital	12a, USUAL during mas	OCCUPATION st of working i	Kind of wark da ife, even if retire ar (Ret	ne 12b KIND OF INDUSTRY	BUSINES Cons
100	13a admi	USUAL RESIDENCE (Where decension) STATMd.	iosed lived, f institution 13b. ADUNTA	• Co •	13c. city or 1	own rn	AE2 NO	1757 13 <u>e. SIR</u>	EET AND NUMBER		
7	14. F	ATHER S NAME First	Middle	Lost	15.	MOTHER'S M	NAIDEN NAME FIR	st	Middle		Lost
	16a.	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECURITY		FORMANT	Flo		F Address		alker
		es, fid Arunknown) If Man	e war or dates of service)	236-09-2	671 M	rs. S	ally M.	Mc Co	ຫອຣ (ພາ	fe) Same	AS #13
	7	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMME Canditions, if any, which gav rise to mimed ate cause (a stating the underlying caus last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR (c)	AS A CONSEQUENCE OF	rio U	SCAP	AL DISEASE OR CO	Dis CONDITION GIVEN	DEL IN PART 1(0)	yea	MST AND OLATH
/	CERTIFICATION	190. DATE OF OPERATION 19	b CONDITION FOR WI	HICH OPERATION WAS P	ERFORMED	20o. AUTO			YES, WERE FINDING OF DEATH?	GS CONSIDERED IN CI	ERTIFYING
	MEDICAL CER	21a ACCIDENT WAS UNDER OF OR CONTRIBUTING CAUSE OF OR CONTRIBUTING CAUSE OF OR CONTRIBUTION OF CAUSE OF CONTRIBUTION OF CAUSE OF	EATH HOUR A.M.	Month Day Year		W INJURY OC	CURRED (Enter	nature of injur	y in Part E ar Part	t 2, Item 18)	
		21d INJURY OCCURRED 21 While Nat while at work	le. PLACE OF INJURY	(AT HOME, FARM STREET FA OFFICE BUILDING, ETC.	CTORY) 21f. LOC	ATION Stre	et ar R.F.D. Na	City	or Town	County	State
		22a I certify that (I) (saw the deceased causes stated abo	alive an		19 42 7. and	that in (meath.	7 , 19 /2 ny) (aur) apın	, to uan death a	ccurred an the	19 <u>6</u> , that date and havr	(I) (we) last and fram the
1		226 SIGNATURE 226 PHYSIC AN S NAME (YOR)	Mill	elg	45 DEGRE	ATTENDI PHYS 22e. ADI	DIF	D RECTOR	STAFF PHYS.	22c. DATE SIGNED	69
	23a	BUR AL, CREMATION, 231	b. DATE	23c. NAME OF	CEMETERY OR C	REMATORY		23d. 10(ATIO	(City or Town)	(County)	(State)
	24		11 177	969 Rose-		emori	al Park	Prin		West Vir	ginia
	24.	STUGLETON FU	ut rwar	ADDRESS ME GLEN		MA	APR 1		Ellan	AKS SIGNATURE	L :



1 100	1		DIMISION OF I	MAN I LAN	301 W. PRESTON STR	ENT OF REALIN	MADVIAND 01001		
18		04874	DIVISION OF		ERTIFICATE OF		MAKTLANU ZIZUJ	0446	14
	<u> </u>							0.4.	
4 - 5 + 5 + 5 + 5 + 5 + 5 + 5 + 5 + 5 + 5		ECEASED-NAME Firs	t a	Middle	r. lost	20. DAT	E OF DEATH	. / W	2b. HOUR
death death	L,	Tree to the first tree tree to the first tree tree to the first tree tree tree to the first tree tree tree tree tree tree tree t	wich	_ h)	men	ev	4/ Month 9 Do	y 6 Jeor	STAM
国人 建立皇	3. S	EX	4 RACE		S DATE OF BU	RTH ,	6. AGE (In years	F JINOER 1 YEAR	IF UNDER 24 HRS
B. 5	1	mule	Ca	ne	3/	8/48	last_birthday) YRS.	MONTHS GAYS	HOURS M.N.
an A	70.	BIRTHPLACE (State or foreign	76. CITIZEN OF WHA	AT COUNTRY?	8 MARRIED NEVER MARI	9. COUNT	Y OF DEATH		
illed in by popers.	cou	ntry) M.	LL	17-	WIDOWED DIVOR		in a Alvan		Md
filled poperthin 73	10	ITY OR TOWN OF DEATH	11 NA	ME OF HOSPITAL OR INST	ITUTION (If not in hospital	120 USUAL OCCUPA	TION (Kind of work done	126 KIND OF	
新	10	IPn Burnie	give st	reet oddress)	a Cold	during most of wor	king life, eyen if retired	INDUSTRY	2 / 100 h
d w	130	USUAL RESIDENCE (Where dece-	osed lived, f nstitutio	n. Residence before	13c CITY OR TOWN	13d. INSIDE CITY LIM TS? 13	e STREET AND NUMBER.	C11 401	1011444
cecuted within completely finove corbon by event, with	odn	rssion) STATE	13R COUNTY		Bilthing	YES NO 1	451 13.41	44	
execution on the complex of the comp	14	ATHER'S NAME First	Midale	FOST	15 MOTHERS MA	IDEN NAME First	Middle		Lost
		Ado	106 M	eyer	, and the same	7446672	Hillians	111	2001
and and	160	WAS DECEASED EVER IN J.S. AL	MED FORCES?	166. SOCIAL SECURITY N	O. 17. INFORMANT	74943/2	Address	La ly	77
extilizere by			war or dates of service)	214-18-1	873 1/1/1/2	Move	- 11151 Ba	V/2 51	·
The Property of	F	20 CAUCE OF DEATH /Cate	-la e	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14 14/1/10	- 110701	1777	I APPROXIN	MATE INTERVAL
		18. CAUSE OF DEATH (Enter of PART 1. DEATH WAS CAUS	ED BY.	tor (0), p 0), and (0)	1 +	00.00	la 1.	BETWEEN OF	NSET AND GEATH
ne death attendi permit. ion, or r		/ IMMED	IATE CAUSE (e)	17.	Veun	~ aucie	genem	Ne	win
be at tion		Conditions, if any, which gave	DUE TO, OR AS	A CONSEQUENCE OF		. 0.	V. 0 A	111	4
the mati	1	ase to immediate couse (a).	(b)	The Color	o ancie	z ace	ideur	VII.	my
tra by		stating the underlying couse	DUE TO, OR AS	A CONSEQUENCE OF	0 1	arts.	0 1	1000	
equires that the physicion. Signed by the burial-transit burial, cremati		lost.	(t)	Color	racy	ununa	ley	17/0	<u>~, </u>
The low requires that the death certific oftending physicion. has been signed by the attending physis os the burial-transit permit. Then put prior to burial, cremation, or removal,		PART 2 OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTE	NG TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE OR CONDIT ON	GIVEN IN PART 1(a)	U	
low randing been s the iar to	종	in part of opening line	1 avec	nou	4 45				
The footen of the bosten for the footen footen for the footen for the footen for the footen footen for the footen for the footen for the footen for the footen footen for the footen footen footen for the footen	CERTIFICATION	190. DATE OF OPERATION 196	CONDITION FOR WHIC	H OPERATION WAS PER			b. IF YES, WERE FINDINGS (AUSES OF DEATH?	CONSIDERED IN CE	RTIFYING
JING PHYSICIAN: The by the hospitol or of ffer this certificate has be detoched for use State Dept. of Health	E	OT- ACCIDENT MAS INDERSON	NG Tour must be		YES 🗌	NO L			
AN ol		210. ACCIDENT WAS UNDERLY ☐ DR CONTRIBUTING ☐ CAUSE OF DE	THE HOUR AM	Month Doy Yeor	21c. HOW INJURY OCCU	URRED (Enter nature of	injury in Port 1 or Port 2,	Item 18.)	
HYSICIAL hospitol certification for the formal pott.	MEDICAL	(If either, notify medical exam	iner) P.M.	. 19					
S PHYSICIAN: the hospitol or this certificate detoched for u e Dept. of Heal	2	21d (NJURY OCCURRED 21d While Not while	PLACE OF INJURY (AT HOME FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY.) 21f. LOCATION Street	or R.F.D. No	City or Town	County	Stote
c Pt the this deto		of work of work			7	10 10	11/0	10	
State State		22a. I certify that (I) (t.	n i s hospital) atter	ided the decease	FORD 9/	/7, 19 <u>9</u> /_, to		97, that	(I) (we) last
ATTENDING stained by th CTOR: After if should be de ith the State		saw the deceased causes stated above	olive on	did wat view the h	and that in (my	r) (our) opinion dec	th occurred on the do	ote and hour o	and from the
A P P P P P P P P P P P P P P P P P P P		22b, Signature	0, (1) (110) (9.4) (0	ad fidity view file b	ouy direi deom.		224	DATE SIGNED /	1.00
OR ATTEN De retained SIRECTOR: /			list -	Dish V	DEGREE PHYS	MED.	STAFF D	4/9/	59
LD by b		22d PHYSICIAN'S		200 0 4/	22e ADDR		7 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 0	
SPITAL 4 moy NERAL I for, pog		NAME (Type)	X	-KANK	y 4L	1 JEINTE	his Huy	(slenke	ne as
Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detoched for us should be filed with the State Dept. of Health	23a	BURIAL, CREMATION, 23b	DATE	23c NAME OF C	EMETERY OR CREMATORY	23d . O	ATION (City or Town)	(County)	(Stote)
Page / Page / Shaul		REMOVAL (Specify) 4	1/12/59	Merdon	` / 0	Tery	tent on total	(coont)	MI
	24	FUNERAL DIRECTOR 2 5	TOVENS EL	ADDRESSO		250. REC D BY REGISTRA	IR 2Sb REGISTRAR S	SIGNATURE	
VR A15 47 45M - 1 68	1	72/17/11	East FA	MY HVY	buy ,	DATIAPR 1 1	1988 PClia	May and	let.
	-		, ,			44	//		The state of the s

ALADYLAND STATE DEDARTMENT OF HELITH



SEX	SEX Female		04875		ERTIFICATE OF D	EATH		0486	6 6 —
Female Negro 29 Arp11 1969 loss birthdoty YRS. Making Days Book 1450 70. BIRTHPLACE (Stole or foreign country Arrange) 70. CTIZEN OF WHAT COUNTRY? BARRIED NEVER MARRIED NEVER MARRIED OF DEATH Anne Arundel DAYORCED Anne Arundel DAYORCED Anne Arundel DAYORCED Anne Arundel DAYORCED Anne Arundel No. CTI VOR TOWN OF DEATH Anne Arundel DAYORCED Anne Arund	Female Negro 29 Arpil 1969 lost brifflody yrs. lost brifflody	L	(Type or print) GENIFER				APRIL Month 29 D	1969 Year	2b. HOUR 3:42p
The continuent of the contin	The continuary	3	e.				last birthday)		IF UNDER 24 HRS
10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of wark done during most of wark for the durin	10 CIV OR TOWN OF DEATH 120 MAME OF HOSPITAL OR INSTITUTION (If not in hospital damps and the provided a	ţſ	Maryland	USA	WIDOWED DIVORCE	Orași :			N
13 13 13 14 15 16 16 16 16 16 16 16	1. FT MEADE VES NO 1. 1846 Patton Drive, Apt C 1. FT MEADE No 1. 1846 Patton Drive, Apt C 1. FT MEADE No 1. 1846 Patton Drive, Apt C 1. FT MEADE No 1. 1846 Patton Drive, Apt C 1. FT MEADE No 1. 1846 Patton Drive, Apt C 1. FT MEADE No 1. 1846 Patton Drive, Apt C 1. FT MEADE No 1. 1846 Patton Drive, Apt C 1. FT MEADE No 1. 1846 Patton Drive, Apt C 1. FT MEADE No 1. 1846 Patton Drive, Apt C 1. FT MEADE No 1. 1846 Patton Drive, Apt C 1. FT MEADE No 1. 1846 Patton Drive, Apt C 1. FT MEADE No 1. 1846 Patton Drive, Apt C 1. FT MEADE No 1. 1846 Patton Drive, Apt C 1. FT MEADE No 1. 1846 Patton Drive, Apt C 1. FT MEADE No 1. 1846 Patton Drive, Apt C 1. FT MEADE No 1. 1846 Patton Drive, Apt C 1. FT MEAD	10	Fort Geo. G. Mead	le U.S. Kimbroug	Mellon (If not in hospite) h Army Hosp				
John Lary Mixson Brenda Joyce Wellmaker 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give was produces of service) 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Ft Meade, Md None Brenda J. Mixson, 1846 Patton Drive, Apt C 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Respiratory Distress Syndrome 5 Hours 190. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Preumothorax 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20c. AUTOPSY? YES NO EXCEPTION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 210. ACCIDENT WAS UNDERLYING 21b T ME OF INJURY HOUR AMM. Month Day Year P.M. Month P.M. Month P.M. Month P.M. P.M. P.M. P.M. P.M. P.M. P.M. P.M	John Lary Mixson Brenda Joyce Wellmaker 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (II yes gree was pridotes of servee) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS (AUSED BY IMMEDIATE CAUSE (a) PART I DEATH WAS (AUSED BY IMMEDIATE CAUSE (a)) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS (AUSED BY IMMEDIATE CAUSE (a)) PORT I DEATH WAS (AUSED BY IMMEDIATE CAUSE (a)) 19 DUE TO, OR AS A CONSEQUENCE OF (b) Prematurity DUE TO, OR AS A CONSEQUENCE OF (c) 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 197. AUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 197. AUSE OF DEATH? 210. ACCIDENT WAS UNDERLYING 210 THE OPERATION WAS PERFORMED 200. AUTOPSY? (CAUSES OF DEATH?) 210. ACCIDENT WAS UNDERLYING 210 THE OPERATION WAS PERFORMED 210. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 210. AUSES OF DEATH? 2110. AUSES OF DEATH 197. AUSE OF DEATH 197. AUSES OF DEATH 197. AUSES OF DEATH 207. AUTOPSY 207. AUSES OF DEATH 207. AUSES OF D	13 od	manian) CTATE	ived, if institution: Residence before 13b (OUNTY Arrundel				Drive,	Apt C
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (II yes give water dates of server) 16b. SOCIAL SECURITY NO. 17 INFORMANT None 18 CAUSE OF DEATH (Enter only one cause per line for (a). (b). and (c)	16b. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) No	14						Wel	lost lmaker
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Respiratory Distress Syndrome 5 Hours Conditions, if ony, which gove it is to immediate cause (a). Part 2. Other significant conditions Contributing to Death But not related to the terminal disease or condition given in Part 1(a) Pneumothorax 190. Date of Operation 19b Condition for which Operation was performed 2Do. Autopsy? Yes No 2 100. ACCIDENT WAS UNDERLYING 21b The OF INJURY HOUR A.M. Month Day Year P.M. Month Day Year P.M. Hour A.M. Month Day Year P.M. Month Day Year P.M. Hour A.M. Month Day Year P.M. Month Day Year P.M. Hour A.M. Month Day Year P.M.	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS (AUSED BY IMMEDIATE CAUSE (a) Respiratory Distress Syndrome DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o). Stoling the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PREMIONAL RETWING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PREMIONAL RETWING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PREMIONAL RETWING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PREMIONAL RETWING TO THE ACCOUNTY OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PREMIONAL RETWING TO THE ORIGINAL RETRIEVANCE OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PREMIONAL RETWING TO THE ORIGINAL RETRIEVANCE OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PREMIONAL RETWING TO THE ORIGINAL RETRIEVANCE OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PREMIONAL RETWING TO THE ORIGINAL RETRIEVANCE OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PREMIONAL RETWING TO THE ORIGINAL RETRIEVANCE OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PREMIONAL RETWING TO THE ORIGINAL RETRIEVANCE OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PREMIONAL RETWING TO THE ORIGINAL RETRIEVANCE OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PREMIONAL RETWING THE THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) TO THE ORIGINAL RETRIEVANCE OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) TO THE ORIGINAL RETWING THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) TO THE ORIGINAL RETWING THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) TO THE ORIGINAL RETWING THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) TO THE ORIGINAL RETWING THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) TO THE ORIGINAL RETWING THE TERMINAL DISEASE OR COND	16	o. WAS DECEASED EVER IN U.S. ARME Yes, na, ar unknown) (If yes give war	D FORCES? All dates of service) 16b, SOCIAL SECURITY N	O. 17 INFORMANT	Mixson,	Address	Ft Mead	e .Md
Pneumothorax 19a. Date of Operation 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO EX 21a. ACCIDENT WAS UNDERLYING 21b T ME OF INJURY HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. Month Day Year P.M.	Pneumothorax 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20c. AUTOPSY? YES NO EX 21c. ACCIDENT WAS UNDERLYING OR CONTRIBUT NG CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED AT HOME FARM, STREET FACTORY.) 21f 10CATION Street or R.F.D. No. City or Town County State Outward of work		PART I DEATH WAS CAUSED IMMEDIATI Conditions, if ony, which gove tise to immediate couse (o), stating the underlying cause	BY CAUSE (a) Respiratory DUE TO, OR AS A CONSEQUENCE OF (b) Prematurity DUE TO, OR AS A CONSEQUENCE OF	Distress Synd	lrome		BETWEEN OF	NSET AND DEATH
Great Contributing Cause of Death Hour A.M. Month Day Year (If either, notify medical examiner) P.M.	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) OFFICE BUILDING, ETC. Street or R F.D. No. City or Town County State Of work of work	200	Prosmothowas	ITIONS CONTRIBUTING TO DEATH BUT NO			ON GIVEN IN PART 1(0)		
Grant Courting to The Court of Death Hour A.M. Month Day Year (If either, notify medical examiner) P.M.	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) OFFICE BUILDING, ETC. Street or R F.D. No. City or Town County State Of work of work	DETECATI	196. DATE OF OPERATION 196 CC		YES 🗀	ио 🔀	CAUSES OF DEATH?		RTIFYING
	While Not while of work of work	EDICAL C	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Year r) P.M. 19			of injury in Part 1 or Part 2,	Item 18.)	
22a. I certify that the think haspital) attended the deceased from 29 Apr , 19 69 , ta 29 Apr , 19 69 , that \$4) (we) la saw the deceased alive an 29 Apr 19 69 , and that in (****) (aur) apinian death accurred an the date and haur and from the causes stated above, (**) (we) (did) to did the triple of the causes stated above, (**) (we) (did) to did the triple of the causes stated above, (**) (we) (did) to did the triple of the cause stated above, (**) (we) (did) to did the triple of the cause stated above, (**) (we) (did) to did the triple of the cause of the			22d. PHYSIC AN S	en anno	DEGREE PHYS. 22a ADORES	S			EADE.M
22a. I certify that the think (this haspital) attended the deceased from 29 Apr, 19.69, ta 29 Apr, 19.69, that \$\mathbb{A}\$) (we) la saw the deceased alive an 29 Apr, 19.69, and that in (\(\frac{APP}{APP}\)) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) that are view the bady after death. 222- SIGNATURE 224- APPRISS DEGREE PHYS DEGRE	22d. PHYSIC AN S		BURIAL, (REMATION, 23b. DA	TE 23c NAME OF C 1 5 1969 BACTI	EMETERY OR CREMATORY MORE NATION	13L Z3d	LOCATION (C ty or Town)	(County)	(Stote)
22a. I certify that \$\psi\$ (this haspital) attended the deceased from 29 Apt , 19 69, ta 29 Apt , 19 69, that \$\psi\$) (we) look saw the deceased alive an 29 Apt	22d. PHYSIC AN S NAME (Type) DAVID BENJAMINS, CPT, MC 220 ADDRESS US KIMBROUGH ARMY HOSP, FT GEO G MEADE, M 230 BURIAL (REMATION, 23b DATE 231 BURIAL (REMATION, 23b DATE 232 BURIAL (REMATION, 23b DATE 233 BURIAL (REMATION, 23b DATE 234 BURIAL (REMATION, 23b DATE 235 BURIAL (REMATION, 23b DATE 236 BURIAL (REMATION, 23b DATE 237 BURIAL (REMATION, 23b DATE 238 BURIAL (REMATION, 23b DATE 239 BURIAL (REMATION, 23b DATE 240 BURIAL (REMATION, 24b DATE 250 BURIAL (REMATION, 25b DATE 251 BURIAL (REMATION, 25b DATE 252 BURIAL (REMATION, 25b DATE 253 BURIAL (REMATION, 25b DATE 254 BURIAL (REMATION, 25b DATE 255 BURIAL (REMATION, 25b DATE 256 BURIAL (REMATION, 25b DATE 257 BURIAL (REMATION, 25b DATE 258 BURIAL (RE	24	FUNERAL DIRECTOR	WERGE HOYE ADDRESS	ELLICOH CITY 25	o. REC D BY REGIS	1969 25b REGISTIVAR	SIGNATURE	4



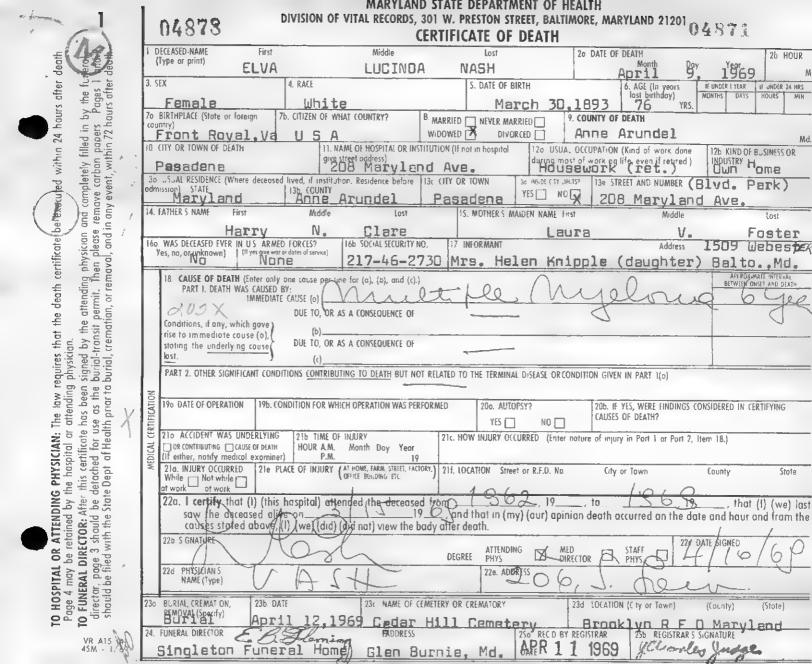
	1	MAKTIANU SIAIE DEPAKIMENI OF HEALIM	0.1000
EOD STATE			04869
FOR STATE EALTH DEPT.	1.7	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
		Type or Print) Of ESTI	Doy Year 2b HOUR
	3 5	EX 4 RACE S DATE OF BIRTH 16 AGE (IN YEAR IF UNDER 24 MRS 20 DATE PROMO), MICED DEAD	9 69 PM
delay		4 RACE S DATE OF BIRTH 6 AGE (IN YOUR FUNDER 24 HRS OF DATE PROMOUNCED DEAD HOURS MIN MONTH 4 Day 19	Year 69 2d Hour
Jepo Pepo	7a	BIRTHPLACE (Stote of foreign) 76 (ITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	d
farm farm	1031	CALVERT CO U.SA WIDOWED DIVORCED Amulliunde	CO Mo
haurs after death Sreem 18. Give Pages 1, 2 Uf ce along with farm and 2 with the State Deptiter death	10	during most of working life, even if retired)	26 KIND OF BUS NESS OR NOUSTRY BALTS
Fer Giv		USUAL RESIDENCE (Where deceased lived, it institution: Residence before 13c CiTY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET AND NUMBER	GAS + ELECTRIC
urs afte n 18. G ce alon d2 with	0	Idmission) STATE MD 13b. COUNTY AACO GLEN BURNIE YES - NO X 105 Deselvoo	Lat.
24 haurs in Item 11 rs Office es Tord2 rrs offer d	14 1	FATHER S NAME First Middle Lost IS MOTHER S MAIDEN NAME First Middle	Last
24 in lin lin lin lin lin lin lin lin lin	14	WILLIAM MOORE JEANNETTE	STINNET
within 24 pencil in xaminers in pages 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS (W. 16th year given word or duties of septice)	196)
L with n pe Exam Exam File	-	NO NONE 215-10-6890 MRS GENEVIEVE M. MOOKE	AME AS 413
ool l		18. CAUSE OF DEATH (Enter only one cause per line for (b), and (c)) PART I. DEATH WAS CAUSED BY.	BETWEEN ONSET AND DEATH
executed nding" i Medical permit nt within		4299 IMMEDIATE CAUSE (o) CALLELLE CHECK	-
pe e 'per l'ef A		Conditions, if any, which gave	- Ce
D Chi		rise to immediate cause (a), (b)	
should be executed ne ward "pending" in to the Chief Medical E. burial-transit permit F. in any event within		lost (c)	
te s the d ta d ta		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
fifica ifing ardec d as	NO		
certil arwar used mova	B	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 Autopsy?
This ficate, be far do be ar reconstruction	CERT F CATION	210. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury to Part 1 or Part 2, Itel	YES NO
INER: 1 e certific should b files. 3 shauld	SE	PRIMARY OR CONTRIBUTING HOUR A.M.	ן אוי
INER e cer shoul files. 3 sha atiar	EDICAL	CAUSE OF DEATH P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R.F.D. No City or Town	Caunty State
EXAMINER: cute the certi age 4 should r your files. Page 3 shou I, crematian,		WHILE NOT WHILE foctory, affice building, etc.)	, , , , , , , , , , , , , , , , , , , ,
L EXA ecute Page or yau R: Pagi		22a. I certify that lack charge of the remains described above, held on Autopsy , Inspection K, Inquiry X	and in my apinian
HCAL E e executar. Pay led far (CTOR: burial,		death resulted from Matural causes A. Accident ., Suicide ., Hamicide ., Undetermined manner [
please e directan retained DIRECT ar to bu		CHIEF MEDICAL EXAMINER	
JIY please eral direct direct be retain RAL DIRE priar to		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SI	IGNED 9
SSAP Tune Tune NER Th		EXAMINER'S DEPUTY MEDICAL EXAMINER A	9-6/
TO DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crem	230	NAME (Type) ADDRESS(Street, city, town, ar county) BUR AL, CREMAT ON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) ((90)
1	230	REMOVAL (Specify) APRIL 22 1769 GLEN HAVEN MEM. PARK GLEN BURI	County) (State)
0.0	24.	FUNERAL DIRECTOR 250 ADDRESS 250, REC D BY REGISTRAR 250 REGISTRARS SI	
VR A15ME (5)	,	Singleton FUNERAL Mame GLEN BURNIE DATOR 22 1969 Killand	so Judak
1 fee	-		-



1	I.	tems 7 &8	Filmoli Vision	OF VITAL R	IARYLAND : ECORDS, 301	STATE DEP W. PRESTO	'ARTMEN IN STREET	NT OF T, Balt	HEALTH IMORE, M	ARYLA	ND 21201	5 ,,,,	5%	19	
FOR STATE	L	1/1/03 4	. K.	MEDI	CAL EXAM	INER'S	ERTIFI	CATE	OF DEA	ATH			/ (678	48
HEALTH DEPT:		ECEASED NAME Type or Print)	Frst TI	HOMAS	Mido	ite		Lost MURI	оск	2	O DATE KNOW OF ESTI- DEATH MATEL		Doy 1/21	Year 19 6 9	25 HOUR
any delay is 2, and 3 to PM3. Page sportment	3 5	EX male	4. RACE negro	S DATE OF B	IRTH	6. AGE (In years last birthooy) 55 ye	IF UNDER	R 1 YEAR DAYS	IF JADER 24 HOURS	HRS. 2	Month April		Yeo	1969	2d HOUR 11400
hours after death any Item 18. Give Pages 1, 2, office along with farm PA I and 2 with the State Departafier death.	1003	B.RTHPLACE (Stote try) unknown ITY OR TOWN OF	or foreign 7	unk nov	YT). NAME OF HOSPITA	8. M Wil L OR INSTITUTION	ARRIED N	IOWNO	RCED USU	JAL OCCU	Anne A	runde!	12b KIN	D OF BUSIN	Md
24 hours after death in Item 18. Give Pages is Office along with far as 1 and 2 with the State is after death.	130	Queensto JSUAL RESIDENC drossion) STATE Mary Lai	E (Where deceose	d I ved. if insta	street nodress tut on Residence e Arunde	hefore 13c CIT	Y OR TOWN		d INSIDE CITY LIM	1157 [1	vorking life, evo 3e STREET AND Jones		INDUSTR	Y	
24 hour in Item r's Office es Tand?		ATHER'S NAME	First	Middl	e	Lost	15 MOTH	iER'S MAII	DEN NAME	First		Middle		Lost	
within 24 penal in caminer's le pages 72 haurs		WAS DECEASED EV es, no, or unknow	ER IN U.S. ARMED FO	ORCES? or or dates of service)	16b. SOCIAL SEC	URITY NO.	17. INFORM	ANT			Al	ODRESS			
ICAL EXAMINER: This certificate should be executed within 24 hours after death as execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, far Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farmed for your files. CTOR:Page 3 shauld be used as a bunal-transit permit. File pages land2 with the State Deburial, crematian, ar remaval, and in any event within 72 haurs after death.		1/2 3	ny, which gove)	E CAUSE (o)	line for (o), (b), o Hyper R AS A CONSEQUI	Lensiv	e Card	liova	ascula	r Di	sease		A BET	PPROX MATE I WEEN ONSET A	NTERVAL UND DEATH
ficate should ing the ward red to the C as a burral-tr		stoting the en-		(c)	R AS A CONSEQUI		TO THE TER	RMINAL D	ISEASE OR CO	NDITION	GIVEN IN PART	1(0)			
This certificate cate, writing the be farwarded to be used as a per remayal, and	TIFICATION	190. DATE OF O	PERATION		19b. CONDITION WAS PERF		PERATION						20	YES X	
	MEDICAL CERTIFICATION	CAUSE OF DEATH	R CONTRIBUTING H] HOUR A	.M. (At home, form,	19	21c. HOW IN			r noture	of injury in Por City or Town		Item 18.) Count	y	Stote
TO DEPUTY DICAL EXAMINER necessary, please execute the terr the funeral director Page 4 shauls may be retained for your files. To FUNERAL DIRECTOR: Page 3 shauls with the prior to burial, cremation		22o. 1	certify that I to sulfed from Werne	Natural cases U. S	the remains disces X A	D. D. ME OF CEMETER SOURCESS	Suicide 	CHIE A.D ASS. DEPT ADD	psy X, Hamicide FF MEDICAL EX STANT MEDICAL PRESS(Street, c) 250 REC D I DATEJUN	CAMINER AL EXAMINE EXAMINE EXAMINE 11ty town 123d 11	NER X R I or county) DCATION (City of the transport of th	22b. DA	r SIGNED 4/2	2/69 (Sto	y apinian
1015/ KT 4 1/ 00									·			//			

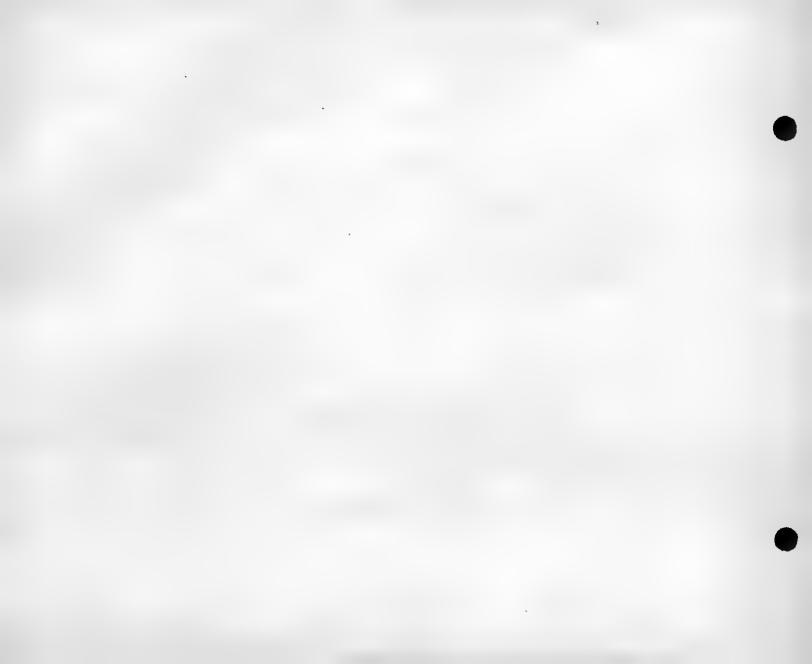




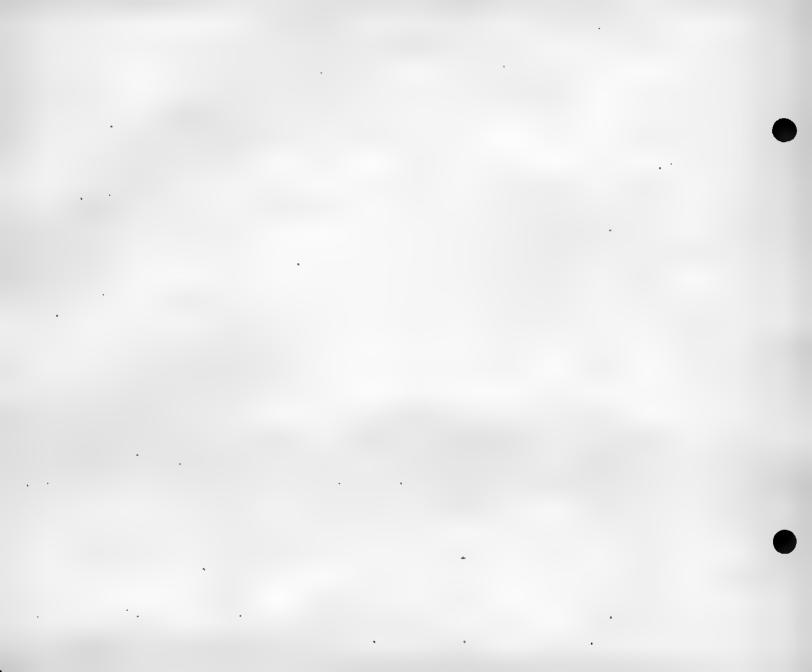




\	MARYLAND STATE DEPARTMENT OF HEALTH	
1	04879 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	487 %
	CERTIFICATE OF DEATH	-2 13 4 Kg
£ 70 £		2b, HOUR
to eat	1. DECEASED-NAME (Type or print) Stella Moddle Last 20. DATE-OF DEATH Myshin / Day	60 1/50
P 4-3		UNGER I YEAR OF UNDER 24 HRS.
e (279	Famale White Most birthay) Most	UNGER LYEAR HE UNDER 24 HRS. HTHS CHAYS HOURS MIN
or S	70 BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MADDIST THE WARREN TO PEATH	
haun S. P	country) Never MARKIEU NEVER MARKIEU	
ed be	VIRGINIA. USA, WIDOWED DIVORCED ANNA ARUNI	DEL Md
· · · · · · · · · · · · · · · · · · ·	10. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL OR INSTITUTION (If not in haspital live of work on work of work on work	12b KIND OF BUSINESS OR INDUSTRY
trand completely filled in se remove corbon popers.	FINITAPOLIS VITAVA AKUNUCI CA. G-ANENAL MILLS EWIED	**************************************
pled cort	13d. USUAL RESIDENCE (Where deceased lived, it institut on, Residence before 13c CITY OR TOWN 13d INS DE CITY LIMITS? [13e. STREET AND NUMBER	
com cowe y ev	MID, ANNEARINDE SHADY SIDE NO	
o med	14 FATHER'S NAME First Middle Lost IS MORHER'S MAIDEN NAME First Middle	lost
din di	UNK	
sicial please	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address	
irtificate the explorate physiciatr and en please removal, and in or	Yes, na, or unknown) (It yes give war or dales at service) NONE FLIZABETH CHANCY Shall VA	SiDE MD
The The	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))	APPROX MATE INTERVAL BETWEEN CINSET AND CHATH
ath ndin it.	PART I DEATH WAS CAUSED BY: MYGCArdial Interation	One Mek
de de itter	4109 DUE TO, OB-AS A CONSEQUENCE OF	Orce over
the or the ation	Conditions, if any, which gave)	Uears
y the	rise to immediate cause (o), (7000
4 Signification 1	stoting the underlying couse (c)	
hys gne uria	PART 2-OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION CIVEN IN PART 1(0) & COLOR	/ / /
PHYSICIAN: The law requires that the death certificate has executed within 24 haurs after death. The hospital or ottending physician. This certificate has been signed by the attending physicial and completely filled in by me in every filled or other principles of the buriol-transit permit. Then pleose remove corbon popers. Par and 2 Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 haurs tiel death	TO A DOMESTA ZADELE TELEBORAL OF CONTROL ACCUMENDO DE L'UNIONE DE	ace gastritis
law ndir bee s th	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 200 IF YES, WERE TINDINGS CONSI	IDEPED IN CEPTIEVING
of the last	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 200 IF YES, WERE TINDINGS CONSI 200 AUTOPSY 200 IF YES, WERE TINDINGS CONSI CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 23th TIME OF INITIALY 22th How INHERY OF OUR PER 1 CONTROL OF INVITAL OF PORT 2 How	DERED IN CERTIFUE
or of the house	21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Items	10 \
f for the factor of the factor	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Yeor	10 }
rspi ospi certi red t. o.	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Yeor (If either, natify medical examiner) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY / AT HOME, EARM, STREET, FACTORY, 1 21f LOCATION Street or R. F.D. No. City or Town (aunty State
PH)	While Not while OFFICE BUILDING, CTC.	aunty State
DING PHYS by the hos After this ce be detache State Dept.	of work of work	7 11.101
OR ATTENDING be retained by the IRECTOR: After the 3 should be do	22a. I certify that (I) (this hospital) attended the deceased from 100, 1961, ta Give 12-196, sow the deceased alive on 1969, and that in (my) (our) apinion death occurred on the date	, that (I) (we) last
the the	causes stated abave, (I) (we) (did (aid set) view the body after death.	and neor one from the
A ATTENI retained ECTOR: A 3 should with the	22b. SIGNAJORE 22c DATE	SIONED
OR THE	Melad Tombo MD DEGREE PHYS DIRECTOR DIR	1/3/69
A Page 1	22d PHYSICIAN S / 22e ADDRESS / 1	1 // //
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cre-	NAME (Type) Willard F. Smith MI) Shady Side, Ma	syland
HOS FUN Fert	230 BURIA, CREMATION 236 DATE 230 NAME OF CEMETERY OF CREMATORY 234 OCATION (C ty or Town)	Caunty) (State)
55 5 P P P P	DURIAL APRILIG-68 SORT LINCULIN COLINICAL MAR MA	NOR MO
VR AIS (TWO)		NATURE
45M - 1 69	Lee Fineral Home WAShington DEPR 1 8 1969 Jaine	as Justice



7 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	04880 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7.3
HEALTH DEPT.	INCLUSION AND THE PROPERTY OF	eor 2b HOUR
	(Tues or Donat)	169 P M
ny delay is 2, and 3 ta PM3. Page Sqrtment af	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years F UNDER 1 YEAR F UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d HOUR
ny delay 2, and 3 PM3. Pag partment	Month & Day 14 Year	69 P N
2" [30]	70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
oth any delay is ages 1, 2, and 3 to the farm PM3. Page State Department of	COUNTRY MARYLAND U.S.A W DOWED DIVORCED ANNE ARON del. Co	. Md
Poges with far	10. CITY, OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired) 12 USUAL OCCUPATION (X nd of work done like the life of	OF BUSINESS OR
after death 8 Give Pag alang with with the Sta	19/26 Done Chautter	
thaurs after death tem 18 Give Pages 1, bif ce along with farm 1 and 2 with the State Deafter death.	13a. USUAL RES DENCE (Where deceased lived, if institut an Residence before 13c CITY OR TOWN 13d ASSOCIATE LIMITS? 13e STREET AND NUMBERAVE. No.	8360
This certificate should be executed within 24 hours tate, writing the ward "pending" in send in (tem 1) be farwarded to the Chief Medical Examiner's Diff ce. I be used as a burial-transit permit. F'le pages land 2 is remayal, and in any event within 72 hours after d	14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Edward Nixon Lillian Ash	Lost
niners namers pages hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
within 24 pencl in ammers s	(Yes, np., or unknown) (If yes give war or dates of service) 220-14-9125 Clara M. Nixon 8360 Hilda Ave. Pasad	ena Md.
d with Exame	APPR	OXIMATE INTERVAL R ONSET AND GEATH
executed nding" is Medical permit.	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Live that warned that	N ORSEL AND GEACH
exe endii Me	1.5 5 X DUE TO, OR AS A CONSEQUENCE OF	den.
be hief	(conditions, if ony, which gove) rise to immediate couse (a), (b)	
te should be executed the ward "pending" in to the Chief Medical E a burial-transit permit. F and in any event within	stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
to the burn burn doin	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
INER: This certificate should be executed be certificate, writing the ward "pending" in should be farwarded to the Chief Medical Estiles. 3 should be used as a burial-transit permit. Fation, ar remayal, and in any event within		
writi writi war war war	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AI	UTOPSY?
his certi ate, writ e farwa be used		ES NO DE
# - 2 ° 1	210 EXTERNAL CAUSE WAS 21b. TIME OF N. URY Month, Day, Year PRIMARY OCCURRED (Enter nature of nitury in Part 1 or Part 2, Item 18) HOUR A.M.	
INER: T e certific should b files. 3 should bation, ar	CAUSE OF DEATH PM 4/14 1967 self reflected from 1964 While	ex_
	WHILE NOT WHILE IN factory, affice building, etc.	State
		PARIO
CAL exe ar. P ar. P d fa d fa	22a certify that I taak charge of the remains described above, held an Autopsy, Inspection, Inquiry, and death resulted from Natyrel-causes, Accident, Suicide, Hamicide Undetermined manner	in my apinian
please e l directar retained	CHIEF MEDICAL EXAMINER	
Yy please executal director. Page eretained far estained far exact Director. Page eretained far exact Directors:	ACTUAL SIGNATURE OF QUE ACCEPT M.D. ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED	4
PUTY Sary, unera y be IERAI	EXAMINER'S DEPUTY MEDICAL EXAMINER A 4-14-6	
necessary, p the funeral 5 may be r 70 FUNERAL Health pric	NAME (Type) E-Linhard "ADDRESS(Street, city, town, or county) AAC	0
5 g # 2 D #	230 BUR AL (REMATON, REMOVAL/Specify) Burial 230 DATE 230 NAME OF CEMETERY OR (REMATORY Balto City, Baltimore) County) Balto City, Baltimore	(State) Md
^	24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 25b REGISTRAR S SIGNATURE	
VR A15ME (5)	Howard H. Hubbard 4107 Wilkens Ave. 21229 PR 1 6 1969 Clearles June	40







1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
		04883 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	04876
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04010
HEALTH DEPT.		ECEASED-NAME First Middle Lost 20 DATE KNOWN Month Type or Print) OF ESTI-	Doy Yeor 2b HOUR
of af	l '	Type or Print) Priticin A Powell DEATH MATED #	6 69 AM
delay is and 3 ta M3. Page Imjent af	3 5	EX 4 RACE S DATE OF BIRTH 6 AGE III years IF JADER 1 YEAR IF JADER 24 HRS 2c. DATE PRONOUNCED DEAD	2d HOUR
M3. M3.		F W 5/17/33 AS YRS MONTHS DAYS HOURS MAN. Month of Doy 6	Yeor of A M
any delading PM3. PM3. PM3. PM3. PM3. PM3. PM3. PM3.	70	BIRTHPLACE (State or foreign 7b. CT ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
E E	(01)	WIShington U.S.A. WIDOWED DIVORCED A. H. CRUSEY	Md
age:	10	TITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito) 120 USUAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
after death 8. Give Poges 1, along with form	91	en Burnie gresteet oddress) h. Arinale L. House wife even if refired)	INDUSTRY HOME
Give ang	130	USUAL RESIDENCE (Where deceosed ved, if institution Residence before 13c. CITY OR TOWN 13d. MSDE CTY LM 15? 13e STREET AND NUMBER	. 1
alon death		MI ARYLAND 130 COUNTY NE ARUNDED GLEN BURNIE YES NO \$ 515 MARIC	od Rd.
haurs at Ifem 18. Office all	14.	ATHER'S NAME First Middle Lost IS MOTHER'S MA DEN NAME First Middle	Lost
		MILLARD V. CROUCH KATHLEEN	CHOOKY
hin 24 nacl in niner's pages hours	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS	1 OSOME
within pencil kaminel ile page 72 hou	((es, no, or unknown) (Myes a va wor or deles of service) 578-44-5495 MR. FROME E. POWELL YUS	Soul A5 #13
be executed within "pending" in pencil inef Medical Examine ansit permit. File pagevent within 72 hou	F	18 CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c))	AMEROX MATE INTERVA.
be executed "pending" in nief Medical E ansit permit. F event within	1	PART I DEATH WAS CAUSED BY	SETWEEN CHISET AND DEATH
be execute "pending" iief Medical ansit permit event with		more are chose (o)	- Crue
pen pen sit veni	1	Onditions, if any, which gove)	
d b Chica		rise to immediate couse (b). (b)	
shauld be e ne ward "per a the Chief I burial-transit		stoting the underlying couse DUE TO, OK AS A CONSEQUENCE OF	
tate sha ig the w ed ta th s o buri and in		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
INER: This certificate shauld be executed within 24 e certificate, writing the ward "pending" in pencil in shauld be forwarded to the Chief Medical Examiner's files. 3 should be used as a burial-transit permit. File pages nation, arremaval, and in any event within 72 hours		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
nis certific ate, writin e forward be used a	NO.	196 DATE OF OPERATION 196, COND T ON FOR WHICH OPERATION	20. AUTOPSY?
certi , writh forwal used emayo	15	WAS PERFORMED?	YES NO
MINER: This of the certificate, 4 shauld be four files. e 3 should be u errorement of the certification, or year	CERTIFICATION	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, In	
NER: Ti certifice hould be lles. should I		PRIMARY OR CONTRIBUTING HOUR A.M.	10 /
INER: e cert shaul files. 3 shot atrian	MEDICAL	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At name, form, street, 21f LOCATION Street or R.F.D. No City or Town	County State
		WHILE NOT WHILE foctory, office building, etc.)	210.0
CESSARY, please execute the certification of the ce		AT WORK AT WORK	7
AL Execution For For JOR: Jridl, Jridl,		22a. I certify that Hook charge of the remains described above, held an Autopsy, Inspection , Inquiry	
		death resulted from Natural causes 🖾 , Accident 🗌 , Suicide 🗍 , Homicide 🔲 , Undetermined manner	
please I directo retained L DIREC		ACTUAL CHIEF MEDICAL EXAMINER 225 DATE	
ITY, Paris Perdle Perdl		SIGNATURE MD ASS STANT MED CAL EXAMINER 22b DATE	SIGNED 9
SSar F		CANTRIESCH 3	
DIFUTY Blose expenses		- 7.10 / Fr-51	AACO
1 2 4 5 7 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	230	BUR AL CREMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town)	(County) (State)
	24	SURVIAL TO BIRKINGS 1950 BY DECISTABLE 1950 BY DECI	CONTURE
VR ATSME (5)	24	FUNERA, DIRECTOR STORE ADDRESS ADDRESS 2SG, SECTO BY REGISTRAR S 1969 CLICAL P. STORE STOR	Ry Voider
10M REV 1/68	L	SINGLEIGH FUNERAK HOME GREN BUCNIFIDATE	1





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04878 04885 CERTIFICATE OF DEATH Middle 1. DECEASED-NAME First Lost 20. DATE OF DEATH 2b HOUR ofter death. executed within 24 haurs after death. (Type or print) HARLES CAMERON 3. SEX 4 RACE 6. AGE (In years IF UNDER 1 YEAR E JNDER 24 HRS and carpletely filled in by the remaye carban papers. Pages lost birthdoy) MALE 888 MONTHS DAYS 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED papers. YONKERS DIVORCED [WIDOWED event, within/72 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12e USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired) DUPONT CORP give street address) ANNAPOLIS 13a USUAL RESIDENCE (Where deceased lived, if institution- Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d. INSIGE CITY LIMITS? odmission) STATE 13b. COUNTY Lea DR YEST ANNOPOLIS burial, crematian, ar remaval, and in any 14 FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Midd.e First Last Lost AMERON requires that the death certificate be RMENIA YOHN physician 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMAN Yes, no, or unknown) (If yes give war or dates of service) DNNAPOLIS the attending physical received by the part of the par UIW APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per lipe/for (o), (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Conditions, if any, which gove) burial-transit rise to Immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF signed by stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta CERTIFICATION 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO K Page 4 may be retained by the haspital ar 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year P.M. (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while ot work at work 22a. I certify that (I) (this haspital) attended the deceased from... saw the deceased alive an-1969, and that in (my) (par) opinion death accurred an the date and hour and from the causes stated abave, (1) (wit) (did nat) view the body after death. 226. SIGNATUR 22c. DATE SIGNED **ATTENDING** DEGREE PHYS DIRECTOR PHYS 22 Appress Avenue, Annapólis, PHYSICIAN'S Richard I. Hochman, M. D. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BUR A., CREMATION 23b. DATE (County) (State) Crematori WASHINGTON ADDRESS 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 30M REV 1768

* . 4

1-12	Item6 FilmCL12 5/2/69kMARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	04886 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04879
HEALTH DEPT.	1. DECEASED-NAME First Middle lost 22 DATE KNOWN Month De	y Yeor 2b. HOUR
any delay is 2, and 3 to PM3 Page	(Type or Print) RAY Edwin PUMPHREY DEATH MATED © 4/27/	V : U/W
a defe	3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years If JNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD Months Day Months Day	Yeor 2d HOUR
5 % & S	male white 24 March 1930 3938 yrs. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	1969 P. M
D E D	Maryland U.S.A. WIDOWED DIVORCED Anne Arundel	County Me
ye Pages 1, g with farm the State De	I FOR CITY OR TOWN OF DEATH IT MAME OF HOSPITAL OR MISHIDITOR (IT NOT IN HOSPITO) I IZO. USUAL UCCUPATION (KIND OF WORK DONE 1ZO	KIND OF BUSINESS OR
er death Sive Pag 7g with the Sta		ielf Emp.
Softer death 18. Give Pages 1. anayg with farm 2 with the State De	13a USUAL RES DENCE (Where deceosed Eved if institution Residence before 13c CITY OR TOWN 3d INSTITUTE 13e. STREET AND NUMBER 13b (DUNTY 13d 1420 Odenton 142	Dead
Hem Junda	14 FATHER'S NAME First Middle Last 15, MOTHER'S MAIDEN NAME First Middle	lost
		all "
hin nine page hou	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, 1969 unknown) (Illuscous word databases) 16b SOCIAL SECURITY NO 215-30-0655 Mrs. Diane E. Pumphrey Wife	
ed with per lin per lin File 1. File lin 72	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c))	APPROX.MATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in tief Medical E insit permit. F event within	PART I DEATH WAS CAUSED BY Suffocation due to Compression of Neck	
e ex penc ef M ef M	/ / X, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove)	
ord by Chi	rise to immediate cause (a), (b) stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
should be en ward "per a the Chief I buriat-transit	lost. (c)	
This certificate shauld cate, writing the ward be farwarded to the Clebe used as a burial-truit removal, and in any	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certifica writing arwarde used as moval, c	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his ce ate, w e farv be us	190. DATE OF OPERATION 190. DATE OF OPERATION 190. DATE OF OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 210. TIME OF INJURY Month, Doy, Year 211. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2. Item	YES 12 NO
Thirting of be	210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item PRIMARY X) OR CONTRIBUTING DEPTH AND	,
NER: To certifice hauld by iles should lation, ar	E LAJSE OF DEATH 9:00 P.M 4/27/1969 Boat fell on deceased while paints	
	21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, form, street, factory, affice building, etc.) 21f. LOCATION Street or R.F.D. No City or Town Odenton, Anne Ar home Odenton, Anne Ar	County Stote
L EXA ecute Page ar yar R: Pag	22a. I certify that I taak charge of the remains described above, held an Autopsy 🔀 I, Inspection [], Inquiry [],	and in my apinian
CAL EX e execut for. Pag ed far y CTOR: P	death resalted fram: Natural couses Accident XI, Suicide I, Hamicide I Undetermined manner	, .
TY BICA by, please eral director be retained RAL DIRECT	ACTUAL MCCALLEXAMINER CHIEF MEDICAL EXAMINER CONTRACTOR	
y, peral be reprint	SIGNATURE AND ASSISTANT MEDICAL EXAMINER LA	NED 12 8 /69
o DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health priar to burial, crem	EXAMINER Werner U. Spitz, Th. D. NAME (Type) DEPUTY MEDICAL EXAMINER 4 ADDRESS (Street, city, town, or county)	20,00
the the Hee	230 BURIA, (REMATION, BUNIA, (REMATION, 1236 DATE 1230 NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Youn) (Company Ch. Cemetery Or	ounty) (Stote) B nd
VR A15ME () N	24. FUNERAL DIRECTOR R.L. Single to W ADDRESS ADDRESS DATE APR 3 0 1969 Charles	
1111		=V==V=



h I			LAND STATE DEPARTMENT		
	04887	DIVISION OF VITAL RECO	RDS, 301 W. PRESTON STREET,		04880
1 0	ECEASED-NAME Fir		CERTIFICATE OF DEA		
	Type or pnnt) Jose	- 1,110010		20. DATE OF DEATH Month Do	Yeor 2b. HOUR A
3. SE		4. RACE	QUEEN S. DATE OF BIRTH	April 21	1969 12:40 ^M
	Male	Negro	March 28		MONTHS DAYS HOURS MIN
70. E	BIRTHPLACE (State or foreign	7b CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED		
	Tiar y talla		WIDOWED DIVORCED	Anne Arundel C	ounty Md.
	Annapolis	พหหย ° พรนา	del General Hosp	USUA, OCCUPATION (Kind of work done ing most of working life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY Farm
13o odmi	USUAL RESIDENCE (Where dece ission) STATE Marylar	eosed lived, if institution Residence b	efore 13c. CITY OR TOWN 13d 14SID	13e STREET AND NUMBER	
	FATHER'S NAME First	Middle L	ost IS. MOTHER S MAIDEN N	AME First Middle	1 Road, Box 57
	Louis Quee	n		Anna Hall	-
	WAS DECEASED EVER IN U.S. A	in war at dates of conuces		Address	Baltimore
	NO	212-26-		ueen 2547 Madison A	ve. Maryland
NC	Conditions, if ony, which governse to immediate cause (a) stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	DIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) ONDITIONS CONTRIBUTING TO DEATH BE	E OF BUT NOT RELATED TO THE TERMINAL DISEAS		BETWEEN ONSEL AND DEATH
CERTIFICATION	190 DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATION W		20b IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
3	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DI	EATH HOUR A.M. Month Doy	21c HOW INJURY OCCURRED	(Enter noture of injury in Port 1 or Port 2,	Item 18.)
	21d. INJURY OCCURRED 21 While Not while		EFT, FACTORY,) 215. LOCATION Street or R.F.	D. No City or Town	County State
	22a. I certify that (!) (!	this haspital) attended the de alive an every (I) (we) (did) (did nat) view	the bady after death. DEGREE PHYS.	19, ta 20 (, 19 c) apinian death accurred an the distribution STAFF 22c.	that (I) (we) last ate and have and from the
23o			E OF CEMETERY OR CREMATORY Son Memorial Cemete	23d LOCATION (City or Town) Cambrills Mary	(County) (State)
24. He	FUNERAL DIRECTOR		Ave.	R 3 WIST 969 256/ CERTISONAL	Charles



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04881 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1 DECEASED NAME First Middle Enst 2a. DATE KNOWN Month Year 2b. HOURA (Type or Print) ESTI-Contance REED DEATH MATED April 26, 169 10:5% delay 9 6 AGE (n years IF UNDER | YEAR IF UNDER 24 HRS 3 SEX 4. RACE 5. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d HOJRA P.M3. Female Negro 412 land2 with the State Depart MARRIED DE NEVER MARRIED To BIRTHPLACE (State or foreign 75 CIT ZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH form WIDOWED [DIVORCED [7] Anne Arundel 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR ward "pending" in pench in 18m 18. Give Pag the Chief Medical/Examine's Office along with give street oddress)
Anne Arundel General during most of working life, even if retired) INDUSTRY Annapolis 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CTY OR TOWN 136 INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY Anne Arundell Maryland Annapolis YES NO 210 Bert Gate Road 24 hours ofter -15 MOTHER'S MAIDEN NAME " First 14 FATHER'S NAME Middle haurs 166 SOCIAL SECURITY NO 17, INFORMANI within (Yes, na. ar unknown) (If yes give wor or dates of service) within APPROXIMATE INTERVAL be executed 18 CAUSE OF DEATH (Enter only one couse per one for (a), (b), and (c),) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subdural Hometoma DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a). writing the ward certificate shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause C should be forwarded to pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 8 Fatty Metamorphosis of the Liver removal, used (CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES ⋥ NO I 6 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) should PRIMARY TO OR CONTRIBUTING HOUR A.M. cremation, Unk. Jnk. P.M 4-25/26 19 69 CAUSE OF DEATH 21d. BRILLIRY OCCURRED 21e. PLACE OF N.URY (At home, farm, street, 21f, LOCATION Street or R.F.D. No. C ty ar Town County State factory, office building, etc.)
Home WHILE MOT WHILE AT WORK 210 Bert Gate Road Annapolis M.D. 220 I certify that I took charge of the remains described above, held on Autopsy ... Inspection Inquiry . ond in my opinion death resulted from Notural couses Accident Suicide Hamicide X Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 4/27/69 DEPUTY MEDICAL EXAMINER 5 may 1 10 FUNER Health **EXAMINER'S** Ronald N. Kornblum, M.D. ADDRESS(Street, city town, or county) NAME (Type) the 230 BURIAL, CREMATION SCHAME OF GEMETER'S OR CREMATOR LOCATION (6tty or Town) ADDRESS 24. FUMSRA DIRECTOR VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH



301. 3. . G. 1

•

F F

		MARTLAND STATE DEPARTMENT OF		04883
	DIVISION OF V	ITAL RECORDS, 301 W. PRESTON STREET, BALI	(IMORE, MARYLAND 21201	04003
<u> </u>	04890	CERTIFICATE OF DEATH		
4 ~4	1. DECEASED-NAME First	M ddie Last	2a. DATE OF DEATH	2b. HOUR P
eat und und	(Type or print) Karl	RHINE	Month Day 3	Year 7.00
ir d	3 SEX 4. RACE Free	Terick Is. DATE OF BIRTH	April 13, 196	9
afte of the parties			last highday) MONTHS	DAYS HOURS MIN.
LIS T		white January 19,	1896 73 YRS.	
Page 19	7a BIRTHPLACE (State or fareign 7b CITIZEN OF WHA)	MAKKIEU A NEVEK MAKKIEU	9 COUNTY OF DEATH	
4 in gc	Washington, D.C. USA	WIDOWED DIVORCED	Anne Arundel County	Md.
filled in paper thin 72	10 CITY OR TOWN OF DEATH 11 NAM	E OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USU	A. OCCUPATION (Kind of wark done 12b l	KIND OF BUSINESS OR
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death, e haspital ar attending physician. This certificate has been signed by the attending physician and campletely filled in by the funeral stacked far use as the burial-transit permit. Then please remaye carban papers Pages 1 and 2 Dept. at Health priar ta burial, cremation, ar remayal, and in any eyent, within 72 pays offer death.	Annapolis An	et address) ne Arundel General Hosp.	TELE (morken file fever it retired) INDU	JSTRY
rd v	13a. USUAL RESIDENCE (Where deceased lived, if institution	Residence before 13c CITY OR TOWN 3d INSIDE CITY	IMITS? 13e STREET AND NUMBER	
e se a	odmission) STATE Maryland 13b COUNTY A	nne Arundel Deale YES N	0 Box 496	
THE THE !	14 FATHER'S NAME First Middle	Lost 15 MOTHER S MAIDEN NAME		LOS [‡]
1 2 5 5 5	W. A.	Rhine Katheran		5025
ian ase nd		Sb. SOCIAL SECURITY NO 17 INFORMANT	Barbara Muller	
ica, la ple	Vac no ex universal. I (If yet our proper or dates of conduct)	•	Address	
ph) avo			ne Deale,Md.	
8 5 E	18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY	for (d), (b), and (c))	8	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
andi nit.	IMMEDIATE CAUSE (a)	ainnes Circhose	£ -	4 mos-
e d affe	DUE TO, OR AS	A CONSEQUENCE OF		7
the state of the s	Conditions, if ony, which gave)			
hal n. oy 1 ons		A CONSEQUENCE OF		
Part Part Part Part Part Part Part Part	last. (c)			
physical phy		G TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
n sign		STORY OF THE PERSON OF THE PER	tonomon onen in takt igoj	
The law requires the attending physician. has been signed by se as the burial-traith priar ta burial, cre	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED 20g. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERI	ED II. CERTIFYING
de the tage of the tage of the tage of the tage of tag	The same of orestation	224.11010131	CALIFOR OF DEATHS	ED IN CERTIFFING
IAN: The law re tall are a steeling ficate has been far use as the left Health priar tall.	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH	YES NO 🔀		
AN AN ol		DURY 21c HOW INJURY OCCURRED (Enter	r nature of injury in Part 1 ar Part 2, Item 18.)	
HYSICIAI haspitol s certifica sched fa	5 (of either, natify medical examiner) P.M	19		
P S ce achie	21d INJURY OCCURRED 21e PLACE OF INJURY (AT White Not white	HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No	i. City or Town Caunt	y State
de the	at wark at wark	3/2	11/- 15	
OR ATTENDING be retained by th SIRECTOR: After t e 3 shauld be de ed with the State	22o. I certify that (I) (this haspital) often	ded the deceased from 195	1 to 7//3 , 19-/	, that (I) (we) lost
A P	saw the deceased alive on	19 and that in (my) (our) op	inion deoth occurred on the dote ond	hour and from the
OR ATTENE be retained DIRECTOR: A Fe 3 shauld	courses stoted above, (I) (we) (che) (d	d not) view the body offer deoth.		
Mit	22b. SIGNATURE	ATTENDING A	MED STAFF 22c DATE SIG	NED
28 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	leelen o the	DEGREE PHYS. C	MED STAFF PHYS. \(\square\)	3/6)
AI A	22d. PHYSICIAN S NAME (Type)	22e. ADDRESS	, , /	
4 may NERAL I Tar, page	HAMILE (19/10)		1	
Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta	23o BURIAL, CREMATION, 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (Count	ty) (State)
5 5 5 £ 2	Bull La Precify) 4-16-69	Ft. Lincoln	Bladensburg.Md.	
0.0	24. FUNERAL D.RECTOR	ADDRESS 2Sa. REC D E	BY REGISTRAR 2Sb. REGISTRAR S SIGNATU	RE
VR A13 (24)	Hardesty Funeral Home	Annapolis . Md. DATE AP	18 18 1969 xcuma	1 Jungar
3. 1.	A CONTRACTOR OF THE CONTRACTOR			



-				CORE COLLE					
		04891 '	DIVISION OF VITAL REC				E, MAKTLAND 21201	048	D 2
				CERTIFI	CATE OF D	EAIH		V 4 0	O 12
₹ _ <u>7</u> ₹		ECEASED-NAME First	Midd	le	Last	20.	DATE OF DEATH	h. v	2b. HOUR
dea and	- ((ype or print) JAMES	E	. R	HODES S	Sr.	April 1	1 ⁹ 59	2:10A
er er	3. SI	X	4 RACE		S. DATE OF BIRT	Н	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
the state of		Male	White		May 7,	1937	lost highday)	MONTHS DAYS	HOURS MIN
STU TO THE			6 CITIZEN OF WHAT COUNTRY?	8 MADDIES	NEVER MARRI		UNTY OF DEATH		
4 ha l in pers.	coul	Maryland	U.S.A.	WIDOWEL			Anne Arunde	1	Md.
illec pap	10. 0	ITY OR TOWN OF DEATH	11 NAME OF HOSPIT	ALOR INSTITUTION (IF	nat in haspital	120 USUAL OCC	UPATION (Kind of work don	e 12b, KIND OF	BUSINESS OR
with San 1		Glen Burnie	give street address		pital	Mainte	working life, even if retired	Serv.	Statio
a Page	13a	USUAL RESIDENCE (Where deceased	lived, of institution: Residence	before 13c CITY C		H. INSIDE CITY LIMITS?	13e. STREET AND NUMBER		
e se dia	oam	Maryland	13b. COUNTY Anne Arund	el Glen	Burnie	YES NO	634 Binste	d Rd.	
ex P	_	ATHERS NAME First	Middle		IS. MOTHER'S MAID	EN NAME First	Middle		Last
be all		James	O. Rho	des	Mat	arette_		Cou	rsev
ate icrar leas and	160	WAS DECEASED EVER IN U.S. ARMEI			INFORMANT		Address		#13
hysi al	L	es, na, ar unknawn) (II yes give war Y28	218-3	2-0548 M	rs. Jear	nette A	. Rhodes (w	ife) Sam	e as
d b Line		18 CAUSE OF DEATH (Enter only	ane cause per line for (a), (b)		1			APPROX.	MATE INTERVAL INSET AND DEATH
ath indirection of the second		PART I DEATH WAS CAUSED	E CAUSE (a)	7-1	sucho, pres	Y-7 ~			
de de miter n, o		14 ×	DUE TO, OR AS A CONSEQU		J				
the of th		Canditions, if any, which gave	A.	LITEL OF					
y ±	1	rise to immediate cause (a),	(b) DUE TO, OR AS A CONSEQU	ENCE OF				-	
d b b training		stating the underlying cause	(c)	circ or					
hysige gare		PART 2 OTHER SIGNIFICANT COND	* *	H BUT NOT RELATED	TO THE TERMINAL O	DISEASE OR CONDIT	ION GIVEN IN PART 1(a)		
a branch		THE E STILL STORM WHITE COME					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
aw odin beel th	NS.	19g. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPS	Y?	206 IF YES, WERE FINDING	S CONSIDERED IN C	ERTIFYING
das das prij	CERTIFICATION				YES 🗀	№ □	CAUSES OF DEATH?		
alth of the house		21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	211.	1	_	e of injury in Part 1 or Part	2. Hern 181	
d d d for for He		TOR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Da	y Year		(211101 110101	a di mijary ar care i aa rare	2, 110111 10 ;	
SIC Spirit ertined	MEDICAL	(If either, natify medical examine	F.M.	SIRFET FACTORY 1 216	LOCATION Street	or D.E.D. No.	City or Town	Caunty	State
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician. 5 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages, I and 2 shauld be filed with the State Dept. af Health priar to burial, cremation, or remaval, and in any event, within 72 haur after death.		While Nat while at work	LACE OF INJURY (AT HOME, FARM, OFFICE BUILDING	i, HC	TOCKHOR MEET	ur Kalibi nu.	City of Town	cabitif	310.0
NG Ny the ter ter		22a. I certify that (i) (this saw the deceased alw	haspital) attended the	deceased fram_	4/1	, 19.69	ta 4/4	19 <u>69</u> , that	(I) (we) last
A P A P A P A P A P A P A P A P A P A P		saw the deceased aliv	ve on 4/4	19 <u>.69,</u> a	nd that in (my)	(our) opinian	death occurred an the	date and haur	and from the
Sine Sine			(I) (we) (did) (did not) vi	ew the body offe	r death.				
ECT PA		22b SIGNATURE	f		ATTENDING	MED.	C STAFF C	2c. DATE SIGNED	
6 6 8 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		Elect	-14:	DE	GREE PHYS	DIRECTO	OR LJ PHYS. LJ		
AL AL pour		22d PHYSICIAN \$ NAME (Type)	Alejandro I	Montoya	22e ADDRE		napolis Rd.	NIZ BIO	n Quant
TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 shauld be shauld be filed with the State									
Har har	23a	BUR AL, CREMATION, 23b. DA		NAME OF CEMETERY O			LOCATION (City or Town)	(County)	(State)
5 5 5 5 ×			il 7,1969 Gl		Memoria	al Pk.	Glen Burnie		nd
VR A15 PM		FUNERAL DIRECTOR	of lovery	ADDRESS	2	APR 8	1969 25b REGISTRA	RS SIGNATURE	all.
30M REV. 11288	L	Singleton Funel	bel ome ble	n Burnie	, Mu.	DATE	1303	10	



- 1	PRINCIPAL DE LUCIE DE CONTRA DE LA CONTRA DE C	E DEPARTMENT OF HEALTH	
		PRESTON STREET, BALTIMORE, MARYLAND 21201	04885
		ICATE OF DEATH	
L	ype or print) WILLARD S	ROGERS 2a. DATE OF DEATH Month 260	26. HOUR 735 M
3	x M 4 RACE Cane	5. DATE OF BIRTH 10/2//888 6 AGE (in years last birthday) YRS	FUNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
	IRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? B MARRII (174) Maryland USA WIDOWI	ED NEVER MARRIED 9 COUNTY OF DEATH OF DEATH OF DEATH	rundel
10	ITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (give street address) A COC		126 KIND OF BUSINESS OR INDUSTRY
13a adı		OR TOWN 13d INSIDE CTYLIM.159 13e STREET AND NUMBER	27-A
14.	ATHER'S NAME First Middle Last	15 MOTHER'S MAIDEN NAME First Middle	last
16	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 Page 18 Pa	7 INFORMANI / Addies:	00
-	2160 1862	1 Mary Wester	APPROXIMATE INTERVAL
	1B. CAUSE OF DEATH (Enter only one cause per the facta), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Coprattly Failure	BETTEEN ONSET AND DEATH
	DUE TO, OR AS A CONSCOUENCE OF	Attendance	he water
ı	rise to immediate couse (a) Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	- Of the actigue	occurry,
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	ylan.
		TO THE IENTIFICE DISDOE ORCORDITION OFFICE IN TAKE [[4]]	
CERTIFICATION	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	206. AUTOPSY? 206 IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
ICAL CERT	21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOUR A.M. Month Day Year	HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2)	Item IB.)
MEDIC	(If either, natify medical examiner) P.M. 19	LOCATION Street or R.F.D. Ng. City or Town	Company Company
	White Not while of work OFFICE BUHLDING, ETC	LOCATION Street or R.F.D. Na City or Town	County State
	22a. I certify that (1) (this haspital) ottended the deceased fram- saw the deceased glive on 17.6 19.67.0	and that in (my) (our) aginion death accurred on the d	ate and hour and from the
	causes stated above, (1) (we) (did) (did not) view the bady ofte	er death.	
	W/ aug DE	GREE ATTENDING MED STAFF DIRECTOR PHYS.	4/27/69
1	22d PHYS CIANS MAX (FRANKW)	22e ADDRESS JE Mitches Hy	- Com Bury M
236	BURIAN CREMATION 236 DATE 230 NAME OF CEMETERY C	OF CREMATORY 230 JOSNION (Cty or Town)	((Sounty) (State)
24.	TIMERA, DIRECTOR ASSOCIATION A	25a. REC'D BY REGISTRAR 25b RIG STRAR	S SIGNATURE
1	the of I termen, Albert	Vach DATE 1 1969 folia	The state of



1 I	r		D STATE DEPARTMENT OF HI 301 W. PRESTON STREET, BALTIA		4
'	04893		ERTIFICATE OF DEATH	MONE, MANIEMED 21201	04886
	DECEASED NAME (Type or print) First Se	arah Middle	5 DATE OF BIRTH	20. DATE OF DEATH Month 3 Doy 6. AGE (In years	IF JINDER I YEAR IF LINDER 24 HRS.
C	ountry) M d	b. (ITIZEN OF WHAT COUNTRY?	WIDOWED DIVORCED	COUNTY OF DEATH Anne Avund	MONTHS DAYS HOURS MIN Md.
(1)	CITY OR TOWN OF DEATH C	In NAME OF HOSPITAL OR INST give street address) Inved, if institution Residence before Ist COUNTY Baltimore	Con. Cent during mos	The state of the s	12b. kind of Business or INDUSTRY S Point Rd.
\prec L	FATHER S NAME First	Middle Lost George	(0.1)	Not Known	Lost
16	Yes no, or unknown) 1 yes give wor o	or dates of service) 16b. SOCIAL SECURITY N	0 10 10 0 0 0 0 0	able, 8121 Cornwa	
A remerca ou	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED B IMMEDIATE Conditions, if only, which gave) rise to immediate cause (a).	One couse per line for (o), (b), and (c) BY CAUSE (o) Due TO, OR AS A CONSEQUENCE OF	A		APPROXIMATE INTERVAL BETWEEN DINSEL AND DEATH MONTH A. J.
	stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDI	DUE TO, OR AS A CONSEQUENCE OF (c) TONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 1(0)	
CEDIMENTAL	190 DATE OF OPERATION 19b. COL	NDITION FOR WHICH OPERATION WAS PER	FORMED 2Do. ALTOPSY? YES NO 2 21c. HOW INJURY OCCURRED (Enter r	2Db. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M Month Day Year P.M 19	DRY.) 21f LOCATION Street or R.F.D. No.	City of Town	County State
	saw the deceased abv	haspital) attended the decease e an 19 () (1) (we) (did) (did not) view the b	ody ofter deoth.	, ta	, that (I) (we) last te and haur and from the
	22d. PHYSICIANS / 12 CK 1.	<u> </u>	22e ADDRESS N. Arundel	Convl. Center,	13/69
	DUTHAL I	6/69 Baltimo	re Cemetery		(County) (Stote) Haryland
24	John J. Duda, 792	22 Wise Ave. Dunda	ilk, Md.	REGISTRAR 25b REGISTRAR S 1	S. GNATURE



2	1	04894	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BAL ERTIFICATE OF DEATH		04887
death.	funeral I and 2 er deoth.		irst Middle ler A. Russell	Last	20. DATE OF DEATH April Month 6 Day	196 Pear 25 Hour M
s after	s. Pages 1 hours after	3 SEX · Male	4. RACE White	s. date of birth 7-30-05	6. AGE (In years last birthdoy) YRS.	IF UNDER 1 YEAR 1F UNDER 24 HRS. MONTHS DAYS HOURS MIN.
requires that the death certificate be executed within 24 hours after death g physicion.	7/e d	7a, BIRTHPLACE (State or foreign country) Virginia	76. CITIZEN OF WHAT COUNTRY? U. S.	8 MARRIED NEVER MARRIED DIVORCED DIVORCED	9 COUNTY OF DEATH Anne Arundel	Md.
within	ely filled bon pare within 7	10 CHY OR TOWN OF DEATH Anne Arundel	give street address) 100 mm in	lel during	UAL OCCUPATION (Kind of work done mast of warking life, even if retired).	126 KIND OF BUSINESS OR INDUSTRY OF CO.
ecuted	iclan and completely fille lease—remove corbon pal and in ony event, within	odmissian) STATE Md.	ceosed lived, if institution Residence before	1 Glen Burniask	NO□ 20 Crain Hwy	. N.wi.
(I	iden and lease rem and in on	14 FATHER NAME FIRST	n. Middle Russell	IS MOTHERS MAIDEN NAME	2 China	Lost
rtificate	ottending physickan permit. Then please on, or removol, and	16a. WAS OKEASED EVER IN U.S. Yes, no or unknown) (tyes) ULLKILOWIL	ARMED FÖRCES? Inversion of dotes of service) 16b SOC.AL SECURITY N 226-12		5ELL 1/752 Pag	sulte, Ala.
eath ce	signed by the ottending physi buriol-tro≣sit permit. Then pl buriol, cremation, or removol,	PART I DEATH WAS CA	r anly one couse per line for (o), (b), and (s). USED BY IEDIATE CAUSE (o)	is com		APPROXIMATE NTERVAL BETWEEN ONSET AND DEATH
the di	the ottendii Isit permit. nation, or re	Conditions, if any, which go	DUE TO, OR AS A CONSEQUENCE OF	L'ainne c's	cintroses	
es thorsicion.	signed by the buriol-tromsit buriol, cremat	rise to immed ofe couse (stoting the underlying cau				
The low requires that		1 12	CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE OF	R CONDITION GIVEN IN PART 1(0)	
The lov atte≡di	hos to se os horid	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PE	FORMED 200. AUTOPSY? YES \ NO \	20b IF YES, WERE FINDINGS (CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
PHYSICIAN:	certificote thed for us pt. of Reolt	210 ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE OF CITY Either, natify medical ex	DEATH HOUR A.M. Month Doy Year		ter noture of injury in Port 1 or Part 2,	Item 18.)
PHYSI	this certi etached Dept. of	21d. INJURY OCCURRED While Not while of work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC		ta City or Town	County State
TENDING Ined by th	: Affer Id be d	22a I certify that (I) saw the decease	(this hospital) attended the decease	969, and that in (my) (our) o	69, ta 4, 19 pinan death accurred an the do	49, that (I) (we) last are and have and from the
OR ATTENI	SECTOR 3 shau with th	22b SK NATURE	ave, (I) (we) (did) (did not) view the l	A ATTENDING	MED. STAFF	DATE SIGNED
ITAL 0 moy be	RAL DI	22d PHYSIC AN S NAME (Type)	A. de GUZM	DEGREE PHYS 22e. ADDRESS 3	DIRECTOR PHYS DIEGE	Dr. Suiteses
O HOSPITAL Pag≡ 4 moy	O FUNERAL DIRECTOR: After this director, page 3 shauld be defact should be filed with the Stote Deg	230. BURIAL, CREMATION, 2 REMOVAL (Specify)	3b DATE 23c. NAME OF	EMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
2	VR A15 (4) 30M REV 148	24 FUNERAL DIRECTOR	ADDRESS /ADDRESS	Farret Tod DATE P	BY REGISTRAR 256. REGISTRAR'S	SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH 04895 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04888 CERTIFICATE OF DEATH 1 DECEASED-NAME First Middle 2g. DATE OF DEATH death. 2b. HOUR be executed within 24 haurs after death. and (Type or pent) Day Year S. Pages 3. SEX 4. RACE DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR UE UNDER 24 HRS last birthday) MONTHS Zo BIRTHPLACE (State of Pareign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED DE NEVER MARRIED 9. COUNTY OF DEATH .= DIVORCED [event, within 72 WIDOWED campletely filled ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INST FUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work-done 12b. KIND OF BUSINESS OR a ve street address carban during mast af warking life, even if fetred INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY burial, crematian, ar remaval, and in any 14 FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME FIRST Last and physician certificate 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7 INFORMANT Address (If yes give war or dates of service) Yes, na, or unknown) Same attending p APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the haspital ar attending physician. PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF the Canditions, if any, which gave burial-transit rise ta 'mmediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause las+ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) directar, page 3 shauld be detached far use as the should be filed with the State Dept. of Health prior ta TO FUNERAL DIRECTOR: After this certificate has been 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO D YES [210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY) 215 LOCATION Street or R.F.D. No. City or Town State While Not while County at wark L 22a. I certify that (!) (this haspital) attended the deceased from Mes 2011 1965, and that in (my) (aur) apinion death accurred an the date and hour and from the saw the deceased alive an causes stated above, (1) (we) faiet (did not) view the body after death. 226 SIGNATURE 22c DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. PHYS 22e_ADDRESS 22d. PHYSICIAN S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BUR.AL, CREMATION 23b. DATE (State) (County) REMOYAL (Specify) SURIAL 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR VR A15 (2)



_			ND STATE DEPARTMENT OF HI		04889
	04896		, 301 W. PRESTON STREET, BALTIF	MORE, MARYLAND 21201	04009
			CERTIFICATE OF DEATH		
± −2±	T. DECEASED-NAME FIR		Last	20. DATE OF DEATH	2b HOUR
deo and deo	(Type or print) Julius	IMM	Scriba	4 Manth 5an	1989 M
Ter Ter	3. SEX	4. RACE	S. DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN
trs after death. The Funeral Page I and 2 urs after death.	Mal	White		1893 last birthdoy) yrs.	Pilm Cauna Chia Chian
exegued within 24 haurs after death and completely filled in by the funeral emove carbon papers. Pages 1 and 2 ony event, within 72 haurs after death	7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED X NEVER MARRIED 3	COUNTY OF DEATH	
d irr	Maryland	U.S.A.		Anne Arundel	Md
fill grift	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IT	ASTITUTION (If not in hospital 120 USUAL	OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
xegured with completely move carbon ny event, with	Crofton,		clyle Drive Bank	of working life, even if retired.) Examiner	State of Md.
De le company	odmissian) STATE Md .	osed lived, if institution. Residence before		_	
Solve Solve			OPOL CON	- IO/S CALLYTE	Drive
A Puer L	14. FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME Fire	si Middle	last
on con con din	Julius	Scriba	Mammie		Douglas
rcott /sició	16a WAS DECEASED EVER IN U.S. A Yes, no or unknown) (15/4/15/15/16)	RMED FORCES? Nor of detector service) 16b SOCIAL SECURITY 220-03-9		ba 1672 Carlyle	Dood see
ph)				na Tols Carthre	APADAY MATE INTERVAL
E E	18. CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	only one couse per line for (a), (b), and (c)	1 -1 /1.	1	BETWEEN ONSET AND DEATH
deo rmit or	IMME	DIATE CAUSE (a)	1/200 Caranem	210915	41710
tion	Canditions, if any, which gov	DUE TO, OR AS A CONSEQUENCE OF	~ //		2 40000
of the insite most	rise ta immediate couse (o	(B) C C C C C C C C C C C C C C C C C C C		<u>~</u>	2 90 avs
t so de so	stoting the underlying caus	DUE TO, OR AS A CONSEQUENCE OF			
uire hysi gne uriol	_	ONDITIONS CONTRIBITING TO DEATH RULE	NOT RELATED TO THE TERMINAL DISEASE OR CO	NOITION GIVEN IN PART 1/a)	
req og p n si o bu		SHOTTON CONTINUOUS TO PENTE DOT I	TO REAL PROPERTY OF THE PERSON OF THE	SIDITION OFFER IN FAMILITY	
owndin bee	190 DATE OF OPERATION 19	CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20g. AUTOPSY?	20b IF YES, WERE FINDINGS O	ONSIDERED IN CERTIFYING
he of he of he	190 DATE OF OPERATION 19		YES NO Z	CAUSES OF DEATH?	
OR ATTENDING PHYSICIAN: The low requires that the death certificate be a retained by the hospital or attending physician. IRECTOR: After this certificate has been signed by the attending physician or e 3 should be detached far use as the buriol-transit permit. Then please red with the State Dept. of Health prior to buriol, cremation, or removal, and in			21c. HOW INJURY OCCURRED (Enter	noture of injury in Port 1 or Part 2,	Item 18.)
CAN Ferring States	G OR CONTRIBUTING CAUSE OF D		9		
YSI cert chec pt. c		e. PLACE OF INJURY (AT HOME, FARM, STREET, FA		City or Tawn	County State
the Hearth Herbert Herbert P. De	While Not while of work	COFFICE BUILDING, ETC.	1		_
ING by t fer ter be c		his hospital) attended the decease	ied from , 196 1964, and that in(my) (aur) apin	6, 10 April 5, 19	6.7, that ((1)) (we) last
E S A S S S S S S S S S S S S S S S S S	saw the deceased	alive an_ <i>H_P>11</i> > ve, (I) (we) (did) (did nat) view the	1967, and that in (my) (aur) apin	ian death al curred an the do	ite and have and fram the
Trip the state of	22b. SIGNATURE	ve, (i) (we) (ala) (ala har) view file	bady after death.	22.	DATE SIGNED
A WEE		a /1/2. A	DEGREE PHYS DIR	D. STAFF CECTOR PHYS. C	5-69
VI O	22d. PHYSICIAN'S	1 1 0 0 1	22e. ADDRESS	ector — Phb. —	<u>-5 · w / </u>
PITA mom most per	NAME (Type)	ward (Ske	rritt Cro	FTON MY	1 -21113
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be exessed within 24 hours of Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers, Page should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours of should be filed with the State Dept.	23a. BURIAL, CREMATION, 23b	DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
Page of prices	Burial (Specify)	110m / 60 / Cil	sore National	, , , ,	vland
Ps.	24. FUNERAL DIRECTOR	ADDRES	S - 250 REC'D BY	REGISTRAR 25b REGISTRAR'S	SIGNATURE
VR A15 (4)	Loring Byers Ch	apel 8728 Liberty I	Road 21133 ARR	3 1969 Polimels	of Judge



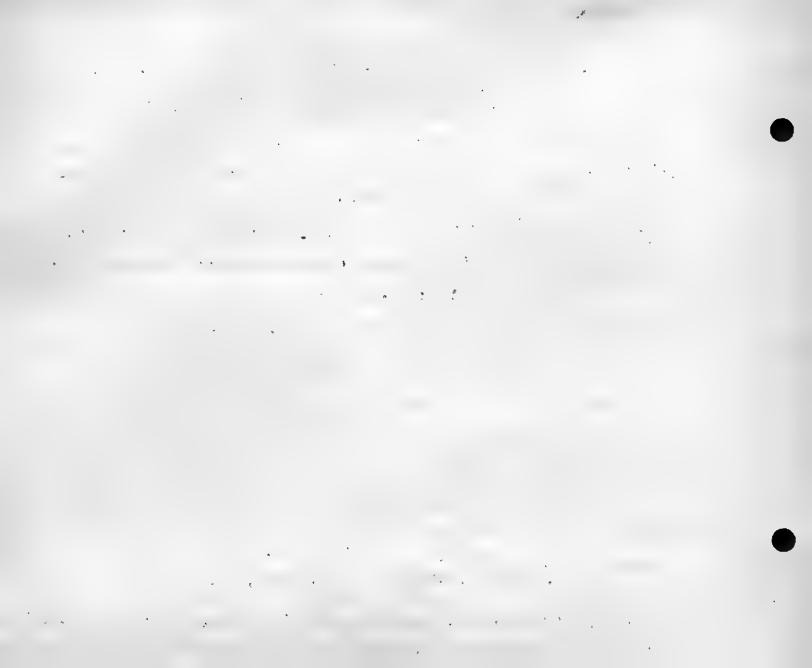
VL 1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
7		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	04890
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2 2 7 7 7 7
HEALTH DEPT.			Day Year 2b HOUR
of ge of	,	Type or Print) Theory Shearer DEATH MATED 4 /	12 69 PM
lay is figure 13 to Poge ent of	3 5	EX 14 RACE S DATE OF BIRTH 16 AGE (IN years S UNDER 1 YEAR IN UNDER 24 HRS 25 DATE PRONOUNCED DEAD	2d HOUR
PM3.		Month of Day 12	2 Year 169 PM
2, and 3 PM3. Pog	70	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED 9 COUNTY OF DEATH	197
	COUP	MICHAEL DE DIVERSED TO DE CONTROL DE LA CONT	Co
ot e	10 (Baltimore / ///	12b KIND OF BUSINESS OR
hours after death any tem 18. Give Pages 1, 2, Office along with form P. Jand 2 with the State Deparater death.	Ι.	during most of working life even if retried \ \ \ \	INDUSTRY GOVE.
in the sign of the		Burnie No. Agundel Gen. Hosp. Machinist-Coast & USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d Misiot CTV. MITS? 13e STREET AND NUMBER	uard-U.S.
after alor with	138	dmission) STATE AD 136 COUNTY Balto Balto YES X NO 372 2 Elmor A	QuE
2 e 2 e	⊨	Lawrence and the second	
24 hours ofter in Item 18. Given's office along is a fair of office along is a fair office of the first office of the fair office office of the fair office of the fair office off	14. 1	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Meddle John Shearer Anna	Lost
	<u></u>	· · · · · · · · · · · · · · · · · · ·	Conn
thin 24 small in marked in more shours.		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS 392	22 Elmora Av
executed within aniling" in pencil Medical Examine t permit. File toogent within 72 hou	1	(if yas give war or dorles of servey) (if yas give war or dorles of servey) 213-16-5741 Rose Mazzie Shearer, wife, a	
		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	APPROXIMATE INTERVA, BETWEEN OWSET AND DEATH
be executed "peniling" in ite Medical Esinsit permit. Fievent within		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CARDING. CISORE	Judlan
Med Med		DUE TO, OR AS A CONSEQUENCE OF	
be exe "penallinef Me ansit pe		Conditions, if only, which gave 3	
vord by vord on the character of the cha		rise to immediate cause (a), (b) DUE TO, OR AS A CONSEQUENCE OF	
shauld be e ne word "per o the Chief I buriol-transit I in any ever		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
sho he v to th buri d in		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
INER: This certificate shauld be executed within 24 in certificate, writing the word "pending" in pencil in should be forwarded to the Chief Medical Exapiner's flies. 3 should be used as a buriol-transit permit. File tooges nation, or remayal, and in any event within 72 hours		PART 2. STREEK SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT HOT REDATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1(0)	
rifii of ord,	NO.	19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
certii , writ forwar used mova	3	WAS PERFORMED?	
This are for the formula for t	CERTIFICATION	216 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Ite	
NER: The certification of the		PRIMARY OR CONTRIBUTING HOUR A.M	m 10.)
XAMINER: te the certi ge 4 should your files. 'oge 3 shou cremation,	MEDICAL	CAUSE OF DEATH P.M. 19	
	₹ .	21d. IN.URY OCCURRED 21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
		AT WORK AT WORK	
ICAL EXA execute for, Page ed for you CTOR: Pog		22o. I certify that I took charge of the remains described above, held on Autopsy 🗍, Inspection 🔀, Inquiry 🔀	ond in my opinion
director. etained to DIRECTO		death resulted trops. Natural causes 🗷, Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined manner (
please e I director retained		CHIEF MEDICAL EXAMINER	
TY y, please troi directer retain		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 226 DATES	SIGNED
UTY,		DEDUTY MEDICAL EVAMINED &	-69
DEPUT Breessary The funer Tungy be FUNERA	-		ACO.
TO DEPUTY necessory, the funerol 5 may be 10 FUNERAL Heolth pri	230	BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(Caunty) (State)
F F		REMOVAL (Specify) Burial 4/16/69 Holy Redeemer Cem. Baltimore, Md	
	24	FUNERAL DIRECTOR ADDRESS 256 RECORY REGISTRAR 256 REGISTRAR 5.5	GNATURE
VR AT SME (5)		Schlindier Editeral Home, The	in judge.
10M REV 1 68.	_	3331 Rrehms Lane	



Second S	- 1		04898	DIVISION OF V			RTMENT OF		VIAND 21201		
Decrease Milliam Everett SheENE, Jr. April 300 1969 22. How 1969 22. How 3 skx 4. RAEE White SheENE, Jr. April 300 1969 22. How 3 skx 4. RAEE Shottor foreign 70. BITHERLEE (State or foreign 70. BITH		I	tem24 FilmC412	5/13/69 k				IIMOKE, MAR	TLAND ZIZUI	0489	*
Second S		1 D	ECEASED NAME First					2o. DATE OF	DEATH		2b. HOURA
Male White July 21, 1914 Maryland O SIRRED MARRID NEVER MARR ED O SIRREDATE (Store or foreign country) Maryland O COUNTY OF DATH Annapolis MARRID DIA MARRID MICHAEL (Store or foreign country) Maryland O CITY OR TOWN Annapolis O STARE MARRID DIA MARRID DIA MARRID M		(lype or print) Will	iam	Everett	SHEEN	E. Jr.	April	Month 30.	1969	
70. BIRTHPLACE (Storts or foreign and processes) 70. CITZEN OF WWAT COUNTRY? 80. MARRIED NEVER MARR RD Anne Arunde County Anne		3. SI				S. DATE	OF BIRTH		6. AGE (In veors	IF UNDER 1 YEAR	IF UNDER 24 HRS.
10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITA. OR INSTITUTION (If not in hospital) 120 USUAL DECUPATION (fond of work done 120 USUAL DECUPATION 120 USUAL DECUPATI	ı	_							7 1K3.	MONITO ON 13	Milk Carroll
Annapolis Switch		(0):	ntou.		1	MARRIED NEVE				County	Ma
120 JSJA, RESIDENCE (Where deceased level, of institution Residence before 1/3z (ITY OR TOWN STATE MAIDEN AND STATE MAIDEN		10		11 NAM	E OF HOSPITAL OR INSTI	TUT ON (If not in hos	pital 120 USU	AL OCCUPATION	(Kind of work done	12b. KIND OF	BUSINESS OR
18. CAUSE OF DEATH (Enter only one couse per I ne jor (o). (b) ond (c) PART I DEATH WAS CAUSED BY (b). TO, OR AS A CONSEQUENCE DE Sort, which gove ins to immediate couse (o) TO, OR AS A CONSEQUENCE DE Sort, which gove instituted in the country of control of the control										IMEDZIKY	
14. FATHER'S NAME First		13o. odm	JSUA. RESIDENCE (Where deceo ss.on) STATE Marylan	d 13b COUNTY	Residence before	Laurel				enue	
16. WAS DEEASED EVER IN U.S. ARMED FOREES? 16. SOCIA, SECURITY NO 17. INFORMANT 18. W.M. C. SIMC. C. S. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c) 18. CAUSE OF DEATH (١	14.	FATHER'S NAME First	Middle			R'S MAIDEN NAME				Lost
Yes, pg, or unknown (If yes gen water or dates dismosa)	ı		WAT		Sheene	250 -		7-5-			
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DO ROS A SONSDUENCE OF COnditions, if only, which gove inset to immediate couse (o) Storing the underlying couse Conditions, if only, which gove inset to immediate couse (o) Storing the underlying couse Conditions, if only, which gove inset to immediate couse (o) Due TO, OR AS A CONSQUENCE OF CONDITION GOVERNOR OF COURSE OF CONDITION GOVERNOR OF COURSE OF CONDITION GOVERNOR OF COURSE OF CONDITION GOVERNOR OF COURSE OF CONDITION GOVERNOR OF COURSE OF CONDITION GOVERNOR OF COURSE OF CONDITION GOVERNOR OF COURSE OF CONDITION GOVERNOR OF COURSE OF CONDITION GOVERNOR OF COURSE OF COURSE OF CONDITION GOVERNOR OF COURSE OF CO	ı				Sb SOCIAL SECURITY NO			-1			(0.1
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) POPTAC C [274-055] DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) DUE TO, OR AS A CONSEQUENCE DE CONTRIBUTION CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) 190. DATE DF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NOW CAUSES OF DEATH? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Hem 18) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Hem 18) 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Hem 18) 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Hem 18) 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Hem 18) 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Hem 18) 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Hem 18) 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Hem 18) 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Hem 18) 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Hem 18) 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Hem 18) 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Hem 18) 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Hem 18) 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Hem 18) 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Hem 18) 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Hem 18) 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Hem 18) 21c. HOW INJURY OCCURRED (Enter noture of injury in Port	١		Nr. No	ME			WM. C.	Sheeke	· A	50120,1	TCI DIED.
DUE TO, OR AS A CONSEQUENCE OF STORY WHICH DOPERATION WAS PERFORMED DUE TO, OR AS A CONSEQUENCE DE STORY WHICH OPERATION WAS PERFORMED DUE TO, OR AS A CONSEQUENCE DE STORY WHICH OPERATION WAS PERFORMED DUE TO, OR AS A CONSEQUENCE DE STORY WHICH OPERATION WAS PERFORMED DUE TO, OR AS A CONSEQUENCE DE DUE TO, OR ADDRESS DEPOCATION OF THE TERMINAL DISEASE OF CONDITION OF TOWN OR THE TERMINAL DISEASE OF CONDITION OR THE TERMINAL DISEASE OF CONDITION OR THE	ı		PART I DEATH WAS CAUSE	D BY 3	for (o), (b) ond (c).)		onde	7015		BETWEEN O	NSET AND OFATH
Stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 210. ACCIDENT WAS UNDERLYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY HOUR A.M. Month Day Yeor P.M. HOUR A.M. Month Day Yeor P.M. More and the contribution of contributions of cause of ocalin and work of work 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Hem 18) 220. I certify that (1) (this hospital) attended the deceased from 19 , and that in (my) (aur) apinion death accurred an the date and haur and from the courses stated above, (1) (we) (did) (did nat) view the bady after death 220. PHYSICIAN'S NAME (Type) Stephen B. Hill tabidle, M. D. 121 Cathedral Street, Annapolis, Md. 230. PURKAL REMATION, 23b DATE 22c NAME OF CEMETERY OR	ı			ATE CAUSE (a)							
Stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 210. ACCIDENT WAS UNDERLYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY HOUR A.M. Month Day Yeor P.M. HOUR A.M. Month Day Yeor P.M. More and the contribution of contributions of cause of ocalin and work of work 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Hem 18) 220. I certify that (1) (this hospital) attended the deceased from 19 , and that in (my) (aur) apinion death accurred an the date and haur and from the courses stated above, (1) (we) (did) (did nat) view the bady after death 220. PHYSICIAN'S NAME (Type) Stephen B. Hill tabidle, M. D. 121 Cathedral Street, Annapolis, Md. 230. PURKAL REMATION, 23b DATE 22c NAME OF CEMETERY OR	1		Conditions, if ony, which gove	DUE TO, OK AS I	ES IP DA	GRAC	(BR	(CRC			
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Hem 18) 210. ACCIDENT WAS UNDERLYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Hem 18) 210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY HOUR A.M. Month Day Year 19 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Hem 18) 21d. INJURY OCCURRED 21c PLACE OF INJURY (AI HOME, FARM STREET FACTOPY) 21f. LOCATION Street or R.F.D. No City or Town County Stote of Injury in Port 1 or Port 2, Hem 18) 220. I certify that (1) (this hospital) attended the deceased from 19 , and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did not) view the bady after death 220. PHYSICIANS NAME (Type) Stephen B. Hillabidle, M. D. 121 Cathedral Street, Annapolis, Md. 230. PHYSICIANS NAME (Type) Stephen B. Hillabidle, M. D. 121 Cathedral Street, Annapolis, Md. 230. PURRAL REMATON, 23b DATE 23c NAME OF CEMETERY OR CERMATORY 23d LOCATION (City or Town) (County) (Store) Md. 24. FUNREAL DIRECTORS TWEN DEATH TOWN ADDRESS 101 Fred. AVE 25c REGISTRA, 25b REGIST			ase to immediate couse (b)	DUE TO, OR AS	A CONSEQUENCE OF						
190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 If YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING CAUSE OF OEATH 19	1			(c)		ME/	norwa	30E			
OR CONTRIBUTING CAUSE OF OEATH OR CONTRIBUTING CAUSE OF OEATH OF COUNTRY 19 10 10 10 10 10 10 10	1		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTION	G TO DEATH BUT NOT	RELATED TO THE TEL	RMINAL DISEASE OR	CONDITION GIVEN	I IN PART I(o)		
OR CONTRIBUTING CAUSE OF OEATH OR CONTRIBUTING CAUSE OF OEATH OF COUNTRY 19 10 10 10 10 10 10 10	1	NO									
OR CONTRIBUTING CAUSE OF OEATH OR CONTRIBUTING CAUSE OF OEATH OF COUNTRY 19 10 10 10 10 10 10 10		FICATI	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH	OPERATION WAS PERF			CADIFFE		CONSIDERED IN CI	ERTIFYING
OR CONTRIBUTING CAUSE OF OEATH OR CONTRIBUTING CAUSE OF OEATH OF COUNTRY 19 10 10 10 10 10 10 10	ł	EMTI	21a ACCIDENT WAS UNDERLYI	IG TONE OF IN	LIHRY	1]		6 101	
While Not while of work of wor			OR CONTRIBUTING TO CAUSE OF DEA	THE HOUR A.M.	Month Day Year	ZIC. NOW INSUI	KT ULLUKKED (Enre	er noture of injur	y in Port I or Port 2,	Item 18 j	
at work of work of work 220. I certify that (I) (this hospital) attended the deceased from	I	MEDI	21d iNJURY OCCURRED 21e	PLACE OF INJURY / AT		PY 1 21f. LOCATION	Street or R.F.D. No	City	or Town	County	Stote
220. I certify that (I) (this hospital) attended the deceased from	1		While Not while	OF	FICE BUILDING, ETC	1	211421 01 1111721 110			coomy	31010
saw the deceased alive an	١	!	22n I certify that (I) (th	is hospital) attend	ded the deceosed	from	, 19	, to	, 19), that	(I) (we) las
22th SIGNATURE 22th Physician's NAME (Type) 22th Physician's NAME (Type) 22th Signature Attending Phys. 22th Degree Phys. 22th Degree Phys. 22th Degree Phys. 22th Degree Phys. 22th Attending Phys. 22th Degree Phys	ı		saw the deceased a	live an	d patt view the ba	, and that i	in (my) (aur) ap	inion death a	ccurred an the d	ote and haur	and from th
DEGREE ATTENDING PHYS. 22d. PHYSICIAN'S NAME (Type) Stephen B. Hiltabidle, M. D. 121 Cathedral Street, Annapolis, Md. 23d. EUR.AL TREMATION, PRINCIPLE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Store) REMOVAL (Specify) 4 49 40 40 40 40 40 40	ı		22b. SIGNATURE	(1) (40) (40)	d lidi) view life bu						
22d. PHYSICIAN'S NAME (Type) Stephen B. Hiltabidle, M. D. 22e. ADDRESS 121 Cathedral Street, Annapolis, Md. 23d. DOCATION (City or Town) REMOVAL (Specify) 23d. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 23d. LOCATION (City or Town) REMOVAL (Specify) 24 FUNERAL DIRECTOR Schwab Funeral Home ADDRESS TO FREE SPARS S GIMTURY 24 FUNERAL DIRECTOR Schwab Funeral Home ADDRESS TO FREE DRY REGISTRAR 25b. REGISTRAR 25c. REGI	1	ė	KILL	allelle	WY	DEGREE PH	TENDING E	WED. DIRECTOR	STAFF PHYS.		
230 BURAL (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Store) REMOVAL (Specify) \$\frac{1}{2}\left \left \frac{1}{2}\left \left \frac{1}{2}\left \left \frac{1}{2}\left 1	1						e. ADDRESS				
REMOVAL (Specify) \$\frac{\frac{1}{49}}{49} \frac{\frac{1}{4}}{\frac{1}{4}} \frac{\frac{1}{4}}{4} \frac{1	1								~		Md.
24 FUNERAL DIRECTOR Schwab Funeral Home ADDRESTOL Fred Ave 250 RECD BY REGISTRAR 250 REGISTRAR 250 REGISTRAR 250 REGISTRAR		23cm	REMOVAL (Specify) 23b	DATE / / / 2	23c NAME OF CE	METERY OR CREMATO	ORY	23d LOCATIO		((Yinuo)	. ,
Barl R Cain F Dungan Bold My 9 1969 Cours Jungan		24		F///El	COMP ADBREQT	ON Fred	TO LISO BEED B	Y PEGISTRAP		S GMATHER 2	Md.
THE FOLL IN THE PROPERTY OF TH		6	AR. R. GAIR	F. Direct	or Bol	to Md.	DATE MA	y 9 19	169 FCC	mes for	1



, 1	04899 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		04892
ge of	1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH	2b. HOUR
The law requires that the death certificate be executed within 24 haurs after death attending physician. has been signed by the attending physician and campletely filted a by the traval se as the burial-transit permit. Then please remave carban papers. They say the prior to burial, cremation, or remaval, and in any event, within 12 have a second	Male lihite Aug 16 1899 last birthday) yrs.	UNDER 1 YEAR IF UNDER 24 HRS. WITHS GAYS HOURS MIN.
4 hau	70. BIRTHPLACE (Stote or foreign country) 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED APPROVED 9. COUNTY OF DEATH WIDOWED DIVORCED Anne Arundel	Md
within 24 ban poper	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mast af warking life, even if retired) 12 USUAL OCCUPATION (Kind of work dane during mast af warking life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
cample cample nave car	13a USUAL RESIDENCE (Where deceosed lived, if institution: Residence before demission) STATE 13b. COUNTY A 13c CITY OR TOWN YES NO 13c STREET AND NUMBER YES NO	
icate be executed sicion and cample please remove cot and in any event	14 FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle 1. 1 Chesy Sich Little Last Like The Las	C. C. Lost
rtificate physicia en plea aval, an	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (17 yes give wor or devise of service) 16b. SOCIAL SECURITY NO 17. INFORMANT 3 12 6 34 328 14 14 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16	d Red
FHYSICIAN: The law requires that the death certificate the haspital or attending physician. This certificate has been signed by the attending physician stacked far use as the burial-transit permit. Then please bept. af Health priar to burial, crematian, or remaval, and	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Chiral death and a constant of the constant of t	APPROXIMATE INTERVAL BETWEEN ONSEY AND DEATH
t the d the atte sit pern nation,	DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave use to immediate cause (a). (b) Can diac Carfayner	
res tha rsician. red by ial-tran	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF 7	
v requi	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
The lay aftend has be see as the prior	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSI CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 121b TIME OF INITIALY 21c HOW INITIALY OCCURRED. (Enter poture of initive in Port 2, Identical Constitution)	IDERED IN CERTIFYING
PHYSICIAN: e haspital ar his certificate stached far u Dept. af Heal	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Hern of the injury in Part 2, Hern of	18)
DING PHYSICIA by the haspital After this certific be detached fo State Dept. af H	While Not while Office Building ETC	County State
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transplantly be filed with the State Dept. of Health priar to burial, creating the state Dept.	22a. I certify that (I) (this haspital) attended the deceased fram	4., that (I) (we) last ond have ond from the
OR ATT be retain DIRECTO e 3 share ed with		E SIGNED
Page 4 may be retained 5 FUNERAL DIRECTOR: A director, page 3 should 5-should be filed with the	22d. PHYSICIAN'S NAME (Type) Dr. Emily H. Wilson 22e, ADDRESS Lothian, Md. 20820	
TO HOSPITAL Page 4 may TO FUNERAL director, page	230 BURIAL (REMATION, REMOVAL (Specify)) 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (City of Town) (City of Town)	County) (State)
VR A13 47, 30M REV 1 68	24 FUNERAL DIRECTOR JOSEPH ADDRESS LA CALLY FALLE ILL CAS DATEMAY 9 1969 GENERAL SIGNAL DATEMAY 9 1969	NATURE



	1	07.000			ID STATE DEPARTM			
	r.,	04900	DIVISION OF		301 W. PRESTON STR		MARYLAND 21201	
	Lt	ems7&8 FilmG4:	L2 4/30/69	kk	CERTIFICATE OF	DEATH		04894
± −2±			rst	Middle	Last	2a. DA	TE OF DEATH	2b HOUR
ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. etained by the hospital or attending physician. CTOR: After this certificate has been signed by the attending physician and completely fitter may the funeral should be detached for use as the burial transit permit. Then please remove carbon pages 1 and 2 should be detached for use as the burial, cremation, or removal, and in any event, within the state Dept. of Health prior to burial, cremation, or removal, and in any event, within the state Dept.	ľ	Type or print) Wile	lter	nmn	Slate	70	Month Day	19 60 64 M
after he fur	3 5		4 RACE		S DATE OF BII		6 AGF (In years	IF UNDER YEAR IF UNDER 24 HRS
s after the fages ris offer	1	Male	Whi	to	4-3-1	A988/ 1888	last birthday) YRS	MONTHS DAYS HOURS MAN
SIN	7a.	B.RTHPLACE (State or foreign	7b. CITIZEN OF W		8 MARRIED NEVER MARI		Y OF DEATH	
¥ (1)	£07	ntry)	Polar			CLD Land		
2 Pers	10	Poland OITY OR TOWN OF DEATH		***************************************	STITUTION (If not in hospital	A A	TION (Kind of work done	12b KIND OF BUSINESS OR
草 愛護し			give	street address)	,	dur on most of wa	king life, even if retired)	INDUSTRY
executed writing completely.	130	Glen Burnie USJA. RESIDENCE (Where dec	anced lived if jortit	North Ar	undel Hosp	Retired	- CIDECT AND AUGUSTO	Beth Steel
complication of the complete control of the control	odm	issian) STATE	13b COUNTY	non keydence perois	ISC CIT OR IDVAN	YES NO	e. STREET AND NUMBER	
COL COL	-	Maryla	nd	A.A.Co.	RPagadena	X R	t. 6Rock Hi	11 Beach
grand rem	14	FATHER S NAME Fish Unknown	Middle	Lost	IS MOTHERS MA		Middle	Lost
ote be executed up and completed and in any event,	1/			list special special		nown		
ficate b	160	WAS DECEASED EVER IN U.S. / (es, no. or unknown) (If yes an	VRMED_FORCES?	16b SOCIAL SECURITY		02.4	Address	
E E E	<u> </u>					ry Slater	Same	
ne deoth cer attending p permit. The		18. CAUSE OF DEATH (Enter	anly one cause per	ne for (a), (b) and (c)	}	/ _^		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
eoth and nit.	1	PART 1 DEATH WAS CAU	DIATE CAUSE (a)	the col	udion o	Int.	main	
affi		4109	DUE TO, OR	AS A CONSEQUENCE OF	coroman	by and	ery	
t the		Canditians, if ony, which gas		Mysca	idial jul	and	avolutio.	1
tho Day ran ren		rise to immed ofe cause (a stating the underlying caus		AJ-4 CONSEQUENCE OF				
equires physicic signed buriol 1 burial, c	ı	last	-) _(c)	Hna	sacco			
phy phy suri suri suri		PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBL	ITING TO DEATH BUT N	OT RELATED TO THE TERMINAL	DISEASE OR CONDITION	GIVEN IN PART I(o)	
ng an see to to to	2							
low reinding been so the rior to	CERTIFICATION	19a. DATE OF OPERATION 19	b CONDITION FOR WE	IICH OPERATION WAS PE	RFORMED 200 AUTOS	PSY? 2	b IF YES, WERE FINDINGS (ONSIDERED IN CERTIFYING
The arter has se os the profit	1				YES X	NO 🗆 C	AUSES OF DEATH?	
or use		21o. ACCIDENT WAS UNDERL		F INJURY			injury in Part 1 or Part 2, 1	item IB.)
E SE	E	OR CONTRIBLTING CAUSE OF C	EATH HOUR A.M. miner) P.M.	Month Day Year		,	,,	
osp cert thed	MED	21d, INJURY OCCURRED 2		AT HOME, FARM, STREET, FA	(TORY) 21f LOCATION Street	or RED No.	City or Town	County State
his his		White Not while at work		OFFICE BUILDING, ETC.	/	WI 1011 18-4 19-41-	city or town	Contract
NG Y the er the		22g Jertify that (I) (this basnitall att	andot the decore	nd from	, 19, ta	10	, that (!) (we) last
A A A A A A A A A A A A A A A A A A A		/saw the deceased	alive an		ond that in (my)	(aur) apinian de	oth accurred on the da	te and haur and from the
Oul oul		causes stated abo	ve, (I) (we) (did)	(did nat) view the	bady after death.	, (, -,		TO STILL HOUSE WITH HOUSE THE
A te to the test of the test o		226 NGNATURE			ATTENDING	C MED	22c E	DATE SIGNED
OR be 3 ed v		Jan 9		KJX	DEGREE PHYS.	G MED DIRECTOR	STAFF PHYS	
AL C		259 PHYSICIAN'S		-0	22e ADDR	RESS		
SPII 4 m 1ER or, d b		NAME (Type) Geor	ge Vash	M.D.	206	S. Gilm	ore St. Ba	lto. Md.
Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending phy director, page 3 should be detached for use as the burial transit permit. Then should be filed with the State Dept. of Health prior to burial, cremation, or remova	23a.		DATE		CEMETERY OR CREMATORY	23d _D	(ATION (City or Town)	(Caunty) (State)
TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt		or Moyar (Specify)	pril 22,	1969 Glen	Haven Mem. Pl	c. Gle	n Burnie, Ma	ryland
VR ATS OUT		FUNERAL DIRECTOR	lass s	ADDRESS		PREZ BY REGISTR	REG STRAR S	SIGNATURE
45M 1 /69	1	eorge J. Gond	e 4001 Ri	tchie Hwy.		BATE & D 198	2 Econosis P.	Judge



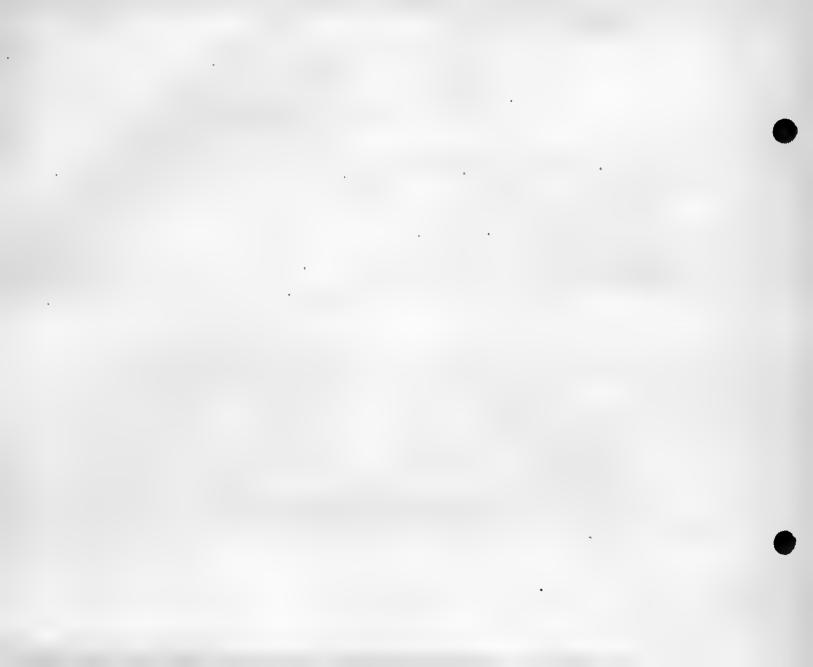
	ı	~ * * * * *		D STATE DEPARTMENT OF		
		114901		301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	0100
				CERTIFICATE OF DEATH		04896
		ECEASED-NAME (ype or print) Ball	alester	- SMITH	APR Month 2 D	ay 69 Year 26 HOUR
	3 SE	MALE	NEG-RO	S. DATE OF BIRTH	6 AGE (In years last birthday)	IF UNDER YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
A	7o. l		76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
7	(QUI	Maryland	U.S.	WIDOWED DIVORCED	Anne Arundel	County Md.
*	10 (Annapolis	11 NAME OF HOSPITAL OR IN give street address) Anne Arunc	ITITUTION (If not in hospital 120 USU	AL OCCUPATION (Kind of work done out of working life, even if rehred)	126 KIND OF BUSINESS OR
,	130	USUAL RES DENCE (Where deceose	A HARA' IN THIS LEGG AND MEDITE REINIE	13c, CITY OR TOWN 13d INSIDE CITY		
	adm	ssion) STATE Marylan	.] 13b_COUNTY _	Glen Burnie YES N	Rt. Box	53. Solley Road
	14 1	ATHER'S NAME First	M-ddie Lost	15 MOTHERS MAIDEN NAME	First Middle	Lost
		David	SMITH		Gloria	HOWARD
		WAS DECEASED EVER IN U.S. ARMI es, na, ar unknawn) (If yes give wa	ED FORCES? Ir or dates of service)	haveces	Smitted le	MB minie MC
		18. CAUSE OF DEATH (Enter on) PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIA	TE CAUSE (a)	URITY		
		Conditions, if any, which gave)	DUE TO, OR AS A CONSEQUENCE OF			
		nse to immediate couse (a), ((b)			
		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
		PART 2 OTHER SIGNIFICANT CONU	(c)	DT RELATED TO THE TERMINAL D SEASE OR	CONDITION GIVEN IN PART 1(a)	
	z					
	CERTIFICATION	19g. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?		CONSIDERED IN CERTIFYING
	RTE			YES NO 🔀	·	
		210. ACCIDENT WAS UNDERLYING CALSE OF DEATH	21b. TIME OF INJURY HOUR A.M. Month Day Year	21c. HOW INJURY OCCURRED (Ente	r nature of injury in Part 1 or Port 2	!, Item 18.)
	MEDICAL	(If either, notify medical examine	er) P.M. 10			
		While Nat while at work	LOTHER BUILDING, ETC.	TORY) 21f LOCATION Street or R.F.D. No.		County State
		22a. I certify that (I) (this	haspital) ottended the decease	od fram 1940 , 1949 965 , and that in (my) (our) op	64, to 2/4pc, 1	9_69, that (I) (we) last
		causes_stated abave.	(I) (we) (did) (did not) view the	bady after death.	inion death accurred on the c	iore and hour and from the
		22b SiGNAT RE	1// 0	10	220	DATE SIGNED
		Alleuno	- Doleus	DEGREE PHYS D	AED STAFF IN PHYS.	2Apr 69
		22d PHYSICIANS		22e ADDRESS		
		NAME (Type) Sherma	an S. Robinson, M.	D. Hahn Prof	essional Bldg.,S	Severna Park,Md.
	23a	BURIAL, (REMIATION, 23b. D.	ATE 230 NAME OF	CEMETERY OR CREMATORY	236 LECATION (City or Jown)	20 (Schity) Hours
	<u>*</u>	5 Willel . 4 -	5-1464 152	ever Hill	connup	one III.Co
	24.	FUNERAL DIRECTOR	Page ADDRESS	10 MAPR	1 4 1969 25 PAR	The work of the
	1/4	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CULL 111 /1/1/	CE III VI DATE		₹#



	ĮΙ:	tem 18 Film 412 4-29-69 MARYLAND STATE DEPARTMENT OF HEALTH
1/		04895
	<u> </u>	CERTIFICATE OF DEATH
death gral dad 2		ECEASED-NAME (First Middle Lost 2a. DATE OF DEATH 2b HOUR Month Day (Segr 2b HOUR
OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death be retained by the hospital or ottending physician. SIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the incompletely filled in by the attending physician ond completely filled in by the incompletely filled in by the state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours are deathed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours are deathed.	3-5	1. RACE A. RACE S. DATE OF BIRTH 6 AGE (I'N years IT JUDER 24 HRS AND HER 24 HRS
hours s. So hours	76	BYETHPLACE (State of Foreign 76 CITIZEN DE WHAT COUNTRY? 8 MARRIED NEVER MARR ED 9 COUNTY OF DEATH)
24 h d in pers. 72 h		Md (1) A: WIDOWED DIVORCED DIVORCED Md
cuted within 2 pmpletely fuller ve corbon por event, within	10: 1	TOR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (Finet in hospital during prost of work not lie over if sepred) 120 KIND OF BUSINESS OR during prost of working lie over if sepred) 120 KIND OF BUSINESS OR INDUSTRY
completely filled ove corbon pope y event, within 7	odm	LSUAL RESIDENCE IN note deceased lived, if institut appresidence before 13s CITY OR TOWN, 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY
ond compose the compose on the compose of the compose on the compo	14	EATHER SNAME First a Middle Start Is MOTHER'S MAIDEN NAME Pirst Middle Start Lost
equires that the deoth certificote be exemply signary on the signed by the attending physicion ond country of the please remoburial, cremotion, or removal, and in ony	16a V	WAS DECEASED EVER IN U.S. ARMED FORCES? Jes, no, or unknown) 1 yas give wor or dates of service 168 SOCIAL SECURITY NO 17. INFORMANT Address Address
rertif p phy hen nova	H	18. CALISE DE DEATH (Enter only one cours pay two for (a) (b) and (d) . Dia] was no more and area.
equires that the deoth ce physician. signed by the attending but of-transit permit. The burial, cremotion, or rem		18 CAUSE OF DEATH (Enter only one couse per time for (a), (b) and (c)) Pulmonary edema PARY I DEATH WAS CAUSED BY MMEDIATE CAUSE (b) APPROXIMATE NITERAL RETWEIN ORSEL AND DEATH APPROXIMATE NITERAL RETWEIN ORSEL AND DEATH
afte on,		3039 DUE TO, OR AS A CONSEQUENCE OF
the the noti		Conditions, if ony, which gove (b) Aspiration pneumonia
tha by tran		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
ysici ysici ned riol-		lost. (c) Acute alcoholism
OR ATTENDING PHYSICIAN: The law requires the be retained by the hospital or ottending physician. DIRECTOR: After this certificate has been signed by le 3 should be detached for use as the bur of-trailed with the State Dept. of Health prior ta burial, cre-	N.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law repage 4 may be retained by the hospital or ottending of FUNERAL DIRECTOR: After this certificate has been a director, page 3 should be detached for use as the backled be filed with the State Dept. of Health prior take	CERTIFICATION	196. DATE OF OPERATION 196. CONDIT ON FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
or or lead		216 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY DCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
Printing of the of the	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 19
R ATENDING PHYSICI retained by the hospit RECTOR: After this certiff 3 should be detached is with the State Dept. of	M	21d. INJURY DECURRED While Not work of
ING by il fer se d		22a. I certify that (1) (this haspital) attended the deceased from 1, 19, ta 19, ta 19, that (1) (we) last
R ATTEND retained ECTOR: At 3 should with the S		saw the deceased alive an
OR AI OR Ect DIRECT DIR		22b SIGNATURE OF THE DEGREE PHYS DIRECTOR DIRECT
ITAL (may b RAL Di poge be file		22d. PHYSICIANS AIS T. ALLEY 22e ADDRESS CICLOTON &
TO HOSPITAL OF Page 4 may be 5 mould be filed 5 mould be filed	230	BUR AL CREMATION. 23b DATE 23c NAME OF CEMETERY DR CREMATORY 23d. (OCATION (City or Town) (County) - (State)
	24,	SEMOVALISOCOVICE 4-26-1969 MACCO DIRECTOR 250 RECTO BY REGISTRAR S SIGNATURE
VR A1 716	1	ellam reesett (111 Mai)/(- DAPR 24 1989 goliarles gridge



	1 DI	04903 CEASED-NAME First		CERTIFICATE OF DI		04897
		ype or print) I.III.I		SMITH	20 DATE OF DEATH APRIL Month 30 Do	2b. HOUR
l	3. SE	Female	4 RACE White	s date of Birth May 10	6 AGE (In years	IF UNDER 1 YEAR IF LANDER 24 HRS MONTHS DAYS HOURS MAN
	7a € cour	IRTHPLACE (Stote or foreign Virginia	7b. CITIZEN OF WHAT COUNTRY? USA	B. MARRIED NEVER MARRIES WIDOWED DIVORCED	9 COUNTY OF DEATH	Ministration of the state of th
	F	TY OR FOWN OF DEATH Geo G. Meade	give street oddress) U.S. Kimbro	ugh Army Hosp	120. USUAL OCCUPATION (Kind of work dans during most of working life, even if retired) Housewife	12b. KIND OF BUSINESS OR INDUSTRY None
Į	odm	laryland	sed lived, if institution Residence before 13% COUNTY Howard	Savage 13d	INSIDE CITY M TS? 13e STREET AND NUMBER 606 Baltimor	
	14 F	ATHER S NAME First William	Middle Lost	15 MOTHER'S MAIDE		Lost
1	160.	WAS DECEASED EVER IN U.S. ARI	P. Sealoc MED FORCES? 166, SOCIAL SECURITY		Nancy E.	Reily
	Y	es, no, or unknown) (If yes give	war or dotes of caputal	1864 Fred M.Sn		s Item #13
		18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b), and (a))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSE IMMEDI	ATE CAUSE (a) Acute myoc	ardial infarcti	lon	30 min.
İ		Conditions, if ony, which gove	DUE TO, OR AS A CONSEQUENCE OF			
1		rise to immediate couse (o),	(b) DUE TO, OR AS A CONSEQUENCE OF			
ı		storing the underlying couse lost.	(c)			
		PART 2 OTHER SIGNIFICANT CO		NOT RELATED TO THE TERMINAL DI	SEASE OR CONDITION GIVEN IN PART 1(0)	
ł	NOIL	190. DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS P	ERFORMED 2Do AUTOPSY	? 20b IF YES, WERE FINDINGS (ONSIDEDED IN CEDERATIO
ı	CERTIFICATION			YES 📆	CAUSES OF DEATH?	les
	핗	210 ACCIDENT WAS UNDERLY!! OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exami	HOUR A.M. Month Doy Year	21c HOW INJURY OCCURR	RED (Enter nature of injury in Port 1 or Port 2,	
		21d. INJURY OCCURRED 21e While Not while of work	PLACE OF INJURY (AT HOME, FARM STREET F. OFFICE BUILDING, ETC.	ACTORY.) 21f LOCATION Street or		County State
ı		22a. I certify that (1) (the saw the deceased a	is haspitol) oftended the deceositive on 30 Apr	red from 30 Arp 19 69 and that in (my) (, 19 <u>_69</u> , to <u>30_Apr,</u> 19 (aur) opinion death accurred an the do	69, that (t) (we) los ate and haur and fram the
ı		22b SIGNATURE	e, Ut (We) (and) paraxies y view the	ATTENDING	22c	DATE SIGNED
I		22d. PHYSICIAN'S	MARTI	DEGREE PHYS 22e ADDRESS	DIRECTOR L PHYS LA	30 Apr 1969
		NAME (Type) ALAN G	. STERN, MAJOR, MC		MBROUGH ARMY HOSP, FT	MEADE.MD
	23a	SUR AL CREMATION, 23b REMOVAL (Spec fy) 23b		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (Stote)
ſ	2	UNERAL DIRECTOR	Appres:	S & 250	1/201	
Ļ	<u> </u>	underson	vacneral Item	The season of th	MAY 6 1969 Eclien	Leo Jacoballo



1 /	1			IAKYLAND SIAIE			AND 21201	
FOR STATE		04904	DIVISION OF VITAL R	CAL EXAMINER			AND 21201	04898
HEALTH OPPT	1 D	ECEASED NAME Type or Print)	First	M. ddle	Last		2a. DATE KNOWN Manth	Day Year 25 HOUR
S D 8 4		Type or Print)	william	J	SNEERIN	19eK111	OF ESTI- DEATH MATED 14	30 1969 12 M
any delay is 2, and 3 ta PM3. Page	3 5	EX 4 RAI		land but	n years I FUNDER I YEAR	F UNDER 24 HRS HOURS MIN.	2c DATE PRONOUNCED DEAD	2d HOUR
y den, an PM3	_		W 9/28		YRS		Manth & Day	30 Year 169 PM
1, 2 m Dep	Za 1	BIRTHPLACE (State, or, fo	re gn 7b CIT-ZEN OF W	HAT COUNTRY?	MARRIED NEVER M	ARR ED 7. COU	NTY OF DEATH	100
e Pages 1, with farm	10 (ITY OR TOWN OF DEAT	170.1 (1.3)	NAME OF HOSPITAL OR INST			Je ARUN de A UPATION (Kind of work done	
	9	EN BURN		Acces address.	ndel.	during most of	Werkmatte even Pet red	INCUSTRY DIVISION
Ther the	13a	DONAL RES DEMET (AND	nere deceased lived, filinsti	tution Residence before 1		13d. INSIDE CTY LIMITS?	13e STREET AND NUMBER	1 - WOFE
	0	dmiss an) STATE 🙏	1 O 136 COUNTY	ARCO		AEZ NO	906 Papla	vshut
house, of Jem 18 Office 1 and 2 w	.4 F	ATHER'S NAME	First Middl	() (. 1	AIDEN, NAME First	Middig	Last
24 m l rr s l es l lrs c	<u></u>	WILLIF	114 7	DUEERING		ETTLE	COLF CAL	DWELL
be executed within 24 "pending" in pencil in nief Medical Examiner's insit permit. File pages event within 72 haurs		WAS DECEASED EVER IN (esapo) of unknown)	(If yes give your or dollers it service)	215 05 685	3 HELE	321	EEPINGER	7 13
d with the Exam File n 72		/>	H (Enter only one cause per				ELFINGER	APPROXIMATE INTERVAL
vecuted value of maing" in Medical Experimit. Fi		PART I DEATH	WAS CAUSED BY IMMEDIATE CAUSE (a)	Coloner	seelhor	Ü		BETWEEN ONSET AND DEATH
d be executer d "pending" Chief Medical transit permit.	ł		7200					
		Conditions, if ony, wi	hich gave) (b)					
shauld be en ward "per to the Chief I burial-transit		stating the underlyi	ng couse DUE TO, O	R AS A CONSEQUENCE OF				
show he w to the burning burning to the burning to		last	(c)	VILLO TO DEATH BUILDING	CLASSE VA SUP VERNING			
an an		PART Z UTHER SIGNIFI	CANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT K	ELATED TO THE TERMINAL	DISEASE OR CONDITIO	N GIVEN IN PART I(o)	
is certific farward farward e used as	CERTIFICATION	19a. DATE OF OPERATI	ON	19b. CONDITION FOR WH	ICH OPERATION			20. AUTOPSY?
This (cate, be fall	RIFIC			WAS PERFORMED?				YES NO
	AI (E)	21a EXTERNAL CAUSE PRIMARY OR CONT	WAS 21b. TIME OF HOUR A	F NJURY Manth, Day, Year	21c HOW INJURY O		e of injury in Port 1 or Port 2,	
INER:] e certific shauld b files. 3 shauld	MEDICAL	CAUSE OF DEATH		W>#/20/ 196	21f LOCATION Street		City or Town	County State
EXAMINER: use the certified that the shall your files. Page 3 shou		WHILE NOT WHILE AT WORK AT WORK	factory, office buildi	(At hame, farm, street, ing, etc.)	211 EOCATION SITES	a di K.F D wa	,	AMED MO
			fy that I took chorge of	the remains described	ahove held an Aut	innsy 🗆 Ins	pection [], Inquiry [
CAL E executor. Par. Par. Par. Par. Par. Par. Par. Pa		deoth resulted	The second secon	uses [], Accident			Undetermined mannel	
Trec as a state of the state of		/	St.	18		HIEF MEDICAL EXAMINE		
De . 17		ACTUAL SIGNATURE	2; temperes	M_		SSISTANT MEDICAL EXA		TE SIGNED
		EXAMINER'S	F1.6	ant.		PUTY MED CAL EXAMIL DDRESS(Street, city, to)		-31-64 AMCD .
ro DEPUT' necessary, the funera 5 may be 70 FUNERA Health pr	230	NAME (Type) BURIAL, CREMATION,	23b. DATE	23-MARE DEVE	METERY OR CREMATORY		LOCATION (City or Town)	(County) (State)
	13	REMOVAL (Specify	5-3-69	137.H	DUES		DU Arobis	(2-mil) (sinc)
12	3 24	FUNERAL DIRECTOR	010	ADDRESS	500 0	25a REC'D BY REG	ISTRAR 25b REGISTRAR	
VR A15ME (5)	tay	Ku M. Cer	TO THOUS CL	uncools,	Mao	MMAY 5	1969 Tilliani	Can Judge
1 V		1 /		A 1				4.*



-	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		. 04905 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04899
HEALTH DEPT:	1 0	DECEASED NAME First Madle Lost 20 DATE KNOWN Month	Day Yeor 2b HOJR
deloy is and 3 to and a first and	L'	Type of Profit Mosephi ANDREW SOUKUP. DEATH MATED 4	27 69 PM
d 3 d 3 Pont	3 5	MONTHS DAYS MOURS MIN	2d HOUR
> 5 d d 15	_	11 W 3/18/00 6/ YRS ""OITH & DOY)	7 Year 1964 M
2 - E	7a. cour	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
Pages 1,th form	<u> </u>	" 1/1891NIA DSF4 WIDOWED DIVORCED N.14. CO-	Md
iburs ofter deothem 18. G ve Page ffice olong with f ond 2 with the Stot			12b KIND OF BUSINESS OR INDUSTRY
G ve	V.	USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e STREET AND NUMBER	
rs offer 18. 6 v e olong 2 with deoth.	0	ISTATE Md. 136 COUNTY A.A. GO PAS ADENA YES IN NO DE P. O. BOX	413
hours Iffem 11 Office 1 ond 2	14 1	ATHER'S NAME First Middle Lost IS MOTHER'S MA DEN NAME First Middle	Lost
ES 1	_	SOUKUP SOPHIA M.	MILLER
में हुई हुई		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (es, no, or unknown) (4 yes give wor or doins of service)	
www.xoor	-		APPROXIMATE INTERVAL
ol Entri		18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
e executed pending'' is ef Medicol I sst permit.		MAMEDIATE CAUSE (a) CREEKER CONTROL CO	Richard
e e e e f A ef A ef A ven		Out TO, OR AS A CONSEQUENCE OF	Thee.
ould to word ' he Chi of tra		rise to immediate cause (o), (b)	1
should be e e word "per o the Chief I ourrol-transit in ony ever		lost.	}
	i	PART 2 OTHER SIGNIFICANT COND. FIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)	
fica bing rdec os os	*		
This certificate iicate, writing the be forwarded to do be used as a bor removal, and	CERTIFICATION	19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
his of the form	MEI		YES NO 🔀
VER: This certificate nould be for. Ies. should be for.		21a EXTERNAL CAUSE WAS 21b TIME OF NIURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, the PRIMARY OR CONTRIBUTING 1	m 18)
INER. should should feles.	MEDICAL	CAUSE OF DEATH P.M. 19	
	2	WHITE MOT WHITE factory, office building, efc.)	County State
bical EXAM decrete the director. Poge 4 stoned for your birector: Poge or to burial, cren		AT WORK AT WORK	
CAL exe exe or. F or fo		220 I certify that tack charge of the remains described above, held an Autopsy, Inspection, Inquiry death resulted from, Natural causes, Accident, Suicide, Homicide, Undetermined manner	and in my apinian
pleose e director reformed DIRECT		CHIEF MEDICAL EXAMINER	ــا
eg de la roi		SIGNATURE MD ASSISTANT MEDICAL EXAMINER 226 DATES	SIGNED / C
		EXAMINER'S DEPUTY MEDICAL EXAMINER D	27/67
o DEPUTY DECAME THE funeral director 5 may be retoined O FUNERAL DIRECTOR Health prior to bu		NAME (Type) E- LINDARCOT ADDRESS(Street, city, town, or county)	ACO,
01 of 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등	230	BUR AL (REMATION 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town)	(Caunty) (State)
	-	BURINI 1 MAY 69 GIEN MANUEL GIEN BURI	NIE MY
VR ATSME (S)	24	FUNERAL DIRECTOR ADDRESS ADD	IGNATURE
10AL REV 1/64 3	177	IRKLEY PUNERAL HOME GIENBURNIE DATE APR 29 1969 GULLIN	7

MAKYLAND STATE DEPAKEMENT OF HEALTH



- 1		04906	DIVISIO	N OF VITAL RECORDS,	301 W. PRE		ALTIMOR		-	-
		0000			ERTIFICA	TE OF DEAT	H		0490	0
Shauld be filed with the State Dept. at Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death.		CEASED-NAME First ype or print) Wall	ter	Middle Leo	Sovin	Lost SK i		DATE OF DEATH April Month 24 Day	69 Year	2b. HOUR
3	SE)	Male	4 RACE	White		DATE OF BIRTH April 27	, 19	6. AGE (In years lost buttadoy)	IF UNDER 1 YEAR MONTHS DAYS	IF JNDER 24 HRS. HOURS MIN,
70	o B	RTHPLACE (State or foreign (174) Ohio	7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIED WIDOWED K	NEVER MARRIED DIVORCED	9. COL	Anne Arunde	1	
I	a d Te	rald Harbor		11, NAME OF HOSPITAL OR INS give street address) Ky	itution (if not e Road	n haspital 120	Emost S	JPATION (Kind of work done working life, even if retired) Neet Metal	12b KIND OF B	USINESS OR
, 00	dmis	JSUAL RESIDENCE (Where decease sisten) STATE Md.	lived, if	institution: Residence before JNTY A.A. Co.	iscomy or io Heralo	d Har YES	NO X	Kyle Rd.		
14	4 F/	ATHER'S NAME First Michae		ddle Lost Sovinski	15. 1	Agnes R		Middle Vinski		Lost
]	Ye	no	er or dates of ser	213-01-8	107Mr:	ormanī s. Berti	e Ja	Address (ne Scollick	W. V	Bridge Va.
		Conditions, if ony, which gove ase to immediate cause (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CON	TE CAUSE (o DUE TO DUE TO () DITIONS CO	O, OR AS A CONSEQUENCE OF O) O, OR AS A CONSEQUENCE OF C) NTRIBUTING TO DEATH BUT NO	T RELATED TO T	HE TERMINAL DISEASE	OR CONDITIO	ON GIVEN IN PART 1(a)	BETWEEN ON	Land DEATH
9	3			OR WHICH OPERATION WAS PER		_	KZS.	20b IF YES, WERE FINDINGS OF CAUSES OF DEATH?		RTIFYING
- 1	3	21a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH If either, notify medical examin	er) HOUR	P.M. 19				e of injury in Part 1 or Part 2,	ltem 18.)	
3		While Not while 1	PLACE OF IN	OFFICE BUILDING, Erc.		TION Street or R.F.D		City ar Town	Caunty	State
		22a. I certify that (1) (this saw the deceased all causes stated abave	haspita ve an_ (I) (we)	ord (did nat) view the	d from and t	hat in (my) (aur) ath.	9 <u>47,</u> apinian (ta, 19 death accurred on the da	that((I) (we) last nd from the
		22b. SIGNATURE 22d. PHYSICIAN'S	91	Yhendt !	A DEGREE	ATTENDING PHYS 22e ADDRESS	MED. DIRECTOR	C STAFF C	DATE SIGNED	
l L	╛	NAME (Type) Lau	ma	U. Skers	-17-19-1	2 loan	~b~	1/15 /7/		
L	B			23c. NAME OF 0		Cem.	A	nnanolis, Mo		(Stote)
7		all Funeral	Home	ADDRESS 1212 West	St An	na MadateA	PR 2		SIGNATURE	ega



7 (t , (• • .

	04908 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET BALTIMORE MARYLAND 21201
j	D. C
- Agranda	Item6 FilmGull 4/14/69 kk CERTIFICATE OF DEATH
£ _~ £ /	1. DECEASED-NAME First Middle Lost , 20 DATE OF DEATH , 2b. HOUR
deat deat	(Type or print) TDA M. STEINHISE Month of Doy 5 Year 69 853 AM
	3. SEX 4. RACE 5. DATE OF BIRTH 6 AGE (In years of bighday) 6 MONTHS DAYS HOURS MIN
SI SI	TEMALE WATE OCTOBER 1892 TH VRS
hau In b	country) 2 2
24 ged i	DALTO, USA, WIDOWED DIVORCED HINNE HRUNDE! CO, Md
certificate be executed within 24 haurs after death provided and campletely filled in by we turn of then place remaye carbon popers. Page and amoval, and in any event, within 72 hour provides the moval.	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospita 120. USUAL OCCUPATION (Kind of work done give street oddress) NORTH ARUNDE Liduring most of working life, even if retired INDUSTRY
d w drb arb	130 US.AL RESIDENCE (Where deceosed lived, if institution, Res depice before 13c (TY OR TOWN 13d INSIDE CITY LIMITS) 13e STREET AND NUMBER
cample ave c	Odmission) STATE Md 136 COUNTY A. A. PASADEN'A YES NOW TIT #10 BCX 600 A
IAN: The law requires that the death certificate be exect at a ratending physician. Find the been signed by the attending providing and cafar use as the burial-transit permit. Then please remay Health priar to burial, cremation, ar removal, and in any	14. FATHER'S NAME First Middle East IS MOTHER'S MAIDEN NAME First Middle Last
din de	Henry F. Brecht Dora M. Welsch
9 8 6 °C	160 WAS DECEASED EVER IN HIS ARMED EXPRESS 166 SOCIAL SECURITY NO. 17 INCORMANT
pristicate by privation of provate and in	Yes, na, ar unknown) (Il yes give wor or dates of service)
9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	18 CALLSE OF DEATH (Enter only one cours per line for (a) (b) and (c)). APPROXIMATE INVERVA.
# Jan	PART I. DEATH WAS CAUSED BY:
dec mmi them t, a	1/11 2 IMMEDIATE CAUSE (0) Chronic vi cuin synarosse
tiar tiar	Conditions, if only, which gave) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave)
asit the state of	rise to immediate couse (a). (b) Generally elle arteris clerost
train the cre	stating the underlying cause DUE TO, OR AS A CONSECUENCE OF
res /sici ial-	lost. (c) flechetus Allele.
The law requires that the death attending physician. has been signed by the attendituse as the burial-transit permit. Ith prior to burial, crematian, ar re-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
ring en tal	2
indi be be is t	196 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The atternation has how	YES NO CAUSES OF DEATH?
at the	21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21t HOW INJURY OF CHIRRED, Fenter nature of injury in Part 2 Item 183
Figure 1	S OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Year
rent fra	Clif either, notify medical examiner P.M. 19
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. af Health prior to	21d INJURY OCCURRED While Not while of work at work of the work of the station of
NG Y The rect of t	
d b d b d b d b d b	sow the deceased glive on 7/ Col. 19 6 4 and that in (my) (gur) apprion death accurred on the date and hour and from the
and	(guses stored above, (1) (we) (did) (did not) view the body after death.
A S E 标意	220 CHEF STONED 220 DATE STONE
OR OR Service 3	degree PHYS DEGREE PHYS DIRECTOR D PHYS D 4-15-169
Al Eggg	22d. PHYSICIAN S 22e. ADDRESS
ER I	NAME (Type)
TO HOSPITAL Page 4 may be file file should be file	23d BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
Page diring	REMOVAE (Spee fy) .///CO HOLD JOURN DELICION TO THE STATE OF THE STATE
1	24. FUNERA. DIRECTOR ADDRESS 250 REC'D BY REGISTRAR SIGNIFILIE
VR A15 (VA)	24. FUNERAL DIRECTOR ADDRESS
100	DAIL



10-	ı			ON W DESTAN STREET	DE HEALTH BALTIMORE, MARYLAND 21201	
· ·		04909		CERTIFICATE OF DEA		04903
, = -2 4	1 0	ECEASED-NAME First	Middle	Last	20 DATE OF DEATH	2b HOUR
hours after deoth n by the funerol s. Pages 1 and 2 hours after death		Type ar primt)	ZABETH W.	STEVENS	APRIL 16	1969 11:45
ter fun fter	3. 5	EX	4 RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
nours after nours after by the fu s. Pages 1	_	FEMALE	WHITE	2/21/04	65 YRS	
hour hour	70 cau	BIRTHPLACE (State or foreign ntry)	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED		
Z Par		MARYLAND	USA	WIDOWED DIVORCED	**************************************	
within 24		CITY OR TOWN OF DEATH GLEN BURNIE	give street address) NORTH ARUN	DEL HOSPITAL	i USUAL OCCLPATION (Kind of work done ing most of working life, even if retired.) SALES CLERK	126 KIND OF BUSINESS OR INDUSTRY DEPT STORE
executed within 24 hours after deoth ond completely titled in by the funeral remove coroon papers. Pages I and 2 in ony event, mutuan 2 hours after death	13o odn	. JSUAL RESIDENCE (Where deceas dission) STATE WARYT, AND	ed lived, if institution. Residence before 13b COUNTY ANTIF: ARTINDE:	VEC .	NO 3 130. STREET AND NUMBER	AVE SE
and corremo	14.	FATHER'S NAME First Horace	M ddle Last Ford	15. MOTHER'S MAIDEN N	AME Fish Middle Brie Wood	Lost
ase of the state o	160	WAS DECEASED EVER IN U.S. ARM			Address	
physician of hen please hen please	100	(es. no or unknown) In yes give w	ar or dates at service) 219-22-8		. Welch- Severna	
Page 4 may be retained by the hospital ar ottending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete director, page 3 should be detached for use as the burial-transit permit. Then please remove contained by the State Dept. of Health prior to burial, cremation, or remove), and in any event,		Conditions, if any, which gave isse to immediate cause (a), stating the underlying cause lost.	TO ONE COUSE PER line for (a), (b), and (c) BY TE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DITIONS CONTRIBUTING TO DEATH BUT I	1348-	of inforction GIVEN IN PART 1(a)	APPROXIMATE INTERVAL BETWEEN ONSET AND CEATH 2 COMP
tendin tendin s bee os th orior t	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
The roth		21a. ACCIDENT WAS UNDERLYIN	C - OUL SIANS OF THE HOU		NO [1
CIAN; oital a fificat d for of Hec	MEDICAL C	or contributing cause of DEAT (If either, natify medical exami	H HOUR A.M Month Day Yeo		(Enter nature of injury in Part 1 or Port 2,	item 18 j
PHYSI he hosp this cer letache ! Dept.	景	21d INJURY OCCURRED 21e While Nat while of wark	PLACE OF INJURY (AT HOME FARM, SYREET &	ACTORY) 21f LOCATION Street or R.F.	.D. No. Gity or Town	County State
TO HOSPITAL OR ATTENDING Poge 4 may be retained by it TO FUNERAL DIRECTOR. After director, page 3 should be director, page 3 should be director.		22a. I certify that (I) (th	s/haspital) stjerded the/dereo ive on (I) (we) (did) (did nat) view the	sed fram, ond that in (my) (ou	19, to	that (I) (we) lost ote and haur and from the
ECTOR S shou		225 SIGNATURE	(We) (ald) (ald har) view me	ATTENDING (-	MED STAFF	DATE SIGNED
O HOSPITAL OR ATTENE Poge 4 may be retained 5 FUNERAL DIRECTOR: A director, page 3 should Schould be filed with the		22d PHISIC WS	10 00 One	DEGREE PHYS 22e. ADDRESS 3	27 Inhatal D	Ster Bun
NER/		NAME OF THE PROPERTY OF THE PR	715, 11 170	-12-12-	To la	2-1001
Poge Of July Alice					cem. 23d LOCATION (City or Town) Millersville,	
VR AIVA			ral Home ADDRES		REC'D BY REGISTRAR 2Sb REGISTRAR	
30M REV 168		Robert P. Ware	/ greu	Burnie, Md. DATE	APR 1 8 1969 4000	mes Judge



	1-1-	1	04910	DIVISION O	F VITAL RECORDS,		PRESTON STREE			1 .	
0	10	Ιt	em#5x6 FilmGh	11 4/18/6	59 km (ICATE OF DI			049	104
ŧ	the funeral ges 1 and 2 s after death.		CEASED-NAME Fire	it	Middle		Last	2a, D/	ATE OF DEATH	Da. V	2b. HOUR
dea	and death	1 "	Marv Marv		n.		Stevens		Month A	Doy Year	60 7 20%
within 24 haurs after death	the funeral iges I and safter deat	3. SI	X	4. RACE			S. DATE OF BIRTH		6 ÅGE (In years	IF UNDER TYE	LAR HE UNIDER ZA HES.
Æ	the age	1	Female	Tu Tu	hite		1.2-12-	0 (#) 06	last birthday)	YRS. MONTHS D.	DAYS HOURS MIN.
Sign	A 2		SIRTHPLACE (Stote or foreign	7b. CITIZEN OF V	VHAT COUNTRY?	8 MAPPIE	D NEVER MARRIE		TY OF DEATH		
P F	filled-in-by the papers. Page	cont	**	TT C A		WIDOWS	D- DIVORCED		_		Md
ן 24	E B E	10. 0	Maryland IEV OR TOWN OF DEATH	U.S.A	NAME OF HOSPITAL OR INS		finat in hospital	120 USUAL OCCUP	ATION (Kind of work de	ane 125 KINI	D OF BUSINESS OR
	th artif			give	e street address)			during most of wo	rking life, even if retire	ed) INDUSTR	Y
	arbe etch	13a	Glen Burni USLAL RESIDENCE (Where dece	ased lived, if institu	orth Arur	ISC CITY	OR TOWN 136	Retired	30 STREET AND NUMBER	Clar D	i. 1/3
	e co	adm	ssian) STATE	13b. COUNTY	5) GIL 19316911C0 DUIGIE	100 0111	YE	S NO	3e STREET AND NUMBER	gren B	urnie, Ma
, See See See See See See See See See Se	2 5 5/)		ATHER'S NAME First	Middle Middle	A.A.Co.	Gle	Burnie		M.ddl	St. S	
9	na le	114.1			The mail					ę	Last
G D	ase nd i	16-	James WAS DECEASED EVER IN U.S. A	F.	 Dash 166 SOCIAL SECURITY N 		7 INFORMANT	Florence	Addres		Bush
ica			es, na, ar unknawn)] (If yes gry	(MED_FOKUES? I war or dates of service)	220 -14- 995	-		other Con	to, daughte		as 13
崔	ottending physician and campletely filled-in-by the f permit. Then please remove carbon papers, Pages ian, or removal, and in any event, within Albana after		no				LT.S. DOL	outly can	co dangne		PROXIMATE INTERVAL
9	마는 E		1B. CAUSE OF DEATH (Enter	anly one couse per	line far (a), (b), and (c)	10				BETW	EEN ONSET AND DEATH
eaf	nit.		PART I. DEATH WAS CAUS	DIATE CAUSE (o)	177	41)					
e d	aff an,		4142	DUE TO, OR	AS A CONSEQUENCE OF	Α	_ ^				
=	the usit p	L	Conditions, if ony, which gave rise to immediate cause (a)		Q.	The state of the s	inclu	~ ·		}	
tha th	er gar	1	stating the underlying coust		AS A CONSEQUENCE OF						
Per Service Se	al, a	1	last.	(c)							
requires that the death certificate be executed	signed by the attending physician and campletely is signed by the attending physician and carbon burial transit permit. Then please remove carbon burial, crematian, or removal, and in any event, with	1	PART 2 OTHER SIGNIFICANT O	ONDITIONS CONTRIB	WING TO DEATH BUT NO	T RELATED	TO THE TERMINAL DI	SEASE OR CONDITION	GIVEN IN PART 1(a)		
5 2	the state of the s	=			mile	rol	w.				
<u>a</u>	be the triangle of triangle of the triangle of triangl	J¥.	19a. DATE OF OPERATION 19	. CONDITION FOR W	HICH OPERATION WAS PE	REPRESE	20o. AUTOPSY		206 IF YES, WERE FIND N	IGS CONSIDERED	IN CERTIFYING
ATTENDING PHYSICIAN: The law	X he se	CERTIFICATION			•	V	YES 🗀	NO 🖂	CAUSES OF DEATH?		
ä	5 # j j j j	E	210. ACCIDENT WAS UNDERLY			21c.	HOW IN JRY OCCURR	RED (Enter nature o	of injury in Part 1 or Pa	rt 2, Item IB.)	
E C		MEDICAL	or contributing cause of Di (If either, natify medical exar	ATH HOUR A.M.	. Manth Day Year . 19	,]					
YSI	pt cer	WE WE	21a INITIRY OCCURRED 21		(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		LOCATION Street or	r R.F.D. No.	City or Town	County	State
E 2	this eta		While Not while at work	_	COHICE BUILDING, ETC.	- 1	-11011	D 1	ellot	10	
S S	e d ate		22a. I certify that (1) (1	his hospital rat	Tanded therdereose	d from_	3/10/19	19	0 1/2/6	219 1	that (1) (we) last
55	d b d b		20 Mt. Life Added 1780	THINE UII		2 1 h	ind that in (my) ((aur) apinion de	ath accurred an th	e date and ho	
	9 0 4		causes stored obo	ve, (I) (we) (did	(did hot) view the	body offe	er death.				
₩ a		1	226 SIGNATURE	8000	JAn.	110	ATTENDING	MED.	STAFF C	22c DATE S GNI	40
200	E E E		1 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	[CI-12]	Janny	1000	GREE PHYS.	DIRECTOR	L BHAZ	71/1)
TAI	A Page 1	1	22d PHYDICAN S	10 .	0		22e ADDRESS				,
Se .	# # # # # # # # # # # # # # # # # # #		Dr.		Ramirez			Hospita			
TO HOSPITAL OR	TO'BE 4 May be retained by the maying of an entering priyations. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transpool by the filed with the State Dept. of Health priar to burial, cre	230.	DEMOVAL Const.	DATE			OR CREMATORY		OCAT ON (City of Town)	(County)	(e tot2)
5 9	200			April 6		Have	n Memorial	Park	Glen Burnie	AA.	Md
	VR A15 14 1		FUNERAL DIRECTOR	J Uomo	ADDRESS	a 3.6	25	APR 9	RAP 959 256 256 256 256 256 256 256 256 256 256	AKS GNATULE	udges . "
	30M REV TYEST		Girkley Funera	T Home,	Greu purur	, M	D/	ATE II II	.559	0	V

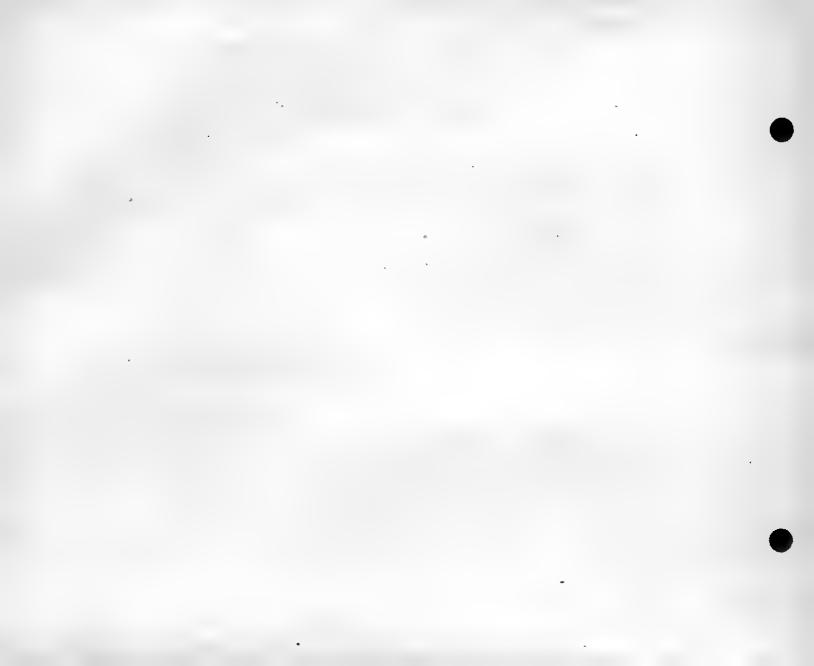


- 1	1	~ ~ ~ ~ ~			D STATE DEPARTM			
0	ŀ	04911	DIAIZION OF			REET, BALTIMORE, M	ARYLAND 21201	04905
an Mala					CERTIFICATE OF	DEATH	1	- 4000
de d		CEASED-NAME First YPO OF PRINT) ORACE	I.	Middle ADF.L.	SUFENY	20 DATE	OF DEATH Manth Day	29 Year 69 26. HOUR
the unages to a differ s	3. SI	X E N.	4 RACE	ita	S. DATE OF E	BIRTH 2 24:20	6. AGE (In years last birthday)	IF UNDER 3 YEAR IF LINDER 24 HRS. MONTHS DAYS HOURS M.H.
by Po	70	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF W	HAT COUNTRY?	8 MARRIED NEVER MA	POIED 9. COUNTY		
in 24 haurs illed in by papers. P	COU	CANADA	CANA		WIDOWED DIVO	ORCED _	AAGO	Md.
d within 24		WAR PC 445	giye	AME OF HOSPITAL OR IN: street oddress)	ATTUTION (If not in haspital		ON (Kind of work done ng life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
e executed with		USUAL RESIDENCE (Where decease sisten) STATE N	ed lived, if institut 13b. COUNTY	tian: Residence before	13c CITY OR TOWN	YES NO K	STREET AND NUMBER	470
be execution and compared in any ev	14.	ATHER'S NAME First	, Middle	D x Jx,	15 MOTHER'S N	MAIDEN NAME First	Middle	lost .
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death be retained by the hospital or attending physician. **IRECTOR: After this certificate has been signed by the attending physician and completely filled in by the unacted as should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages be death the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death.	160.	WAS DECEASED EVER IN U.S. ARM	IED FORCES? or ar dates of service)	16b. SOCIAL SECURITY	100 m/ /m 2	S. Pa. + 2-	Address	112
at the death ceri the attending p nsit permit. The matian, ar reman		18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	BY: / F		Madi		,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
dea tten rmit n, ar		IMMEDIA	TE CAUSE (o)	excludeda	MUYLLOS			mudiati
t the a the a sit pe		Conditions, if ony, which gave) rise to immediate cause (a),	(b)(AS A CONSEQUENCE OF	and Ken	nac Railun	۶, .	one week.
quires that the physician. signed by the burial-transit burial, cremat		stoting the underlying couse	DUE TO, OR	AS A CONSEQUENCE OF	no of the	Calmi		Que year
quire phys igne igne uria		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBU	ITING TO DEATH BUT N	OT RELATION TO THE TERMINA	AL DISEASE OR CONDITION GI	VEN IN PART 1(0)	- d
r rec	_		No	74	\mathcal{O}			
low endi s be as th	CERTIFICATION	190 DATE OF OPERATION 196. C	ONDITION FOR WH	IICH OPERATION WAS PE	RFORMED 20g. AUTO		IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
The aff	RTEL	une	-		YES [NO TO CAU	SES OF DEATH?	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health prior to burial, cre	MEDICAL CE	21a. ACCIDENT WAS UNDERLY:NO OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin	HOUR A.M.	FINJURY Manth Day Year		CCURRED (Enter nature of in	ijury in Part 1 ar Part 2,	tem 16.)
G PHYSIC the hospii this certi detached	ME			(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION Stre	pet or R.F.D. No C	ty or Town	County State
DING by th offer t be di State		22a. I certify that (I) (thi	s hospital) att	ended the decease	ed from Vay	1967, to	2/4/19	67, that (I) fwel last
ATTENDI efained b CTOR: Af shauld b inth the Si		22a. I certify that (I) (thi saw the deceased al causes stated above	ive an A, ,(I) (we) (did)	(did not) view the	9 <u>47</u> , and that In (n body after death.	ny) (our) apinian deat	accurred an the da	te and havr and fram the
OR AT RECTOR 3 she d with		22b SIGNATURE	in U.	(1/17)	MD DEGREE PHYS	ING MED.	STAFF 22	DATE SIGNED 1969
O HOSPITAL OR Page 4 may be r O FUNERAL DIRE director, page 3 shauld be filed v		22d. PHYSICIAN'S NAME (Type)		<u> </u>	22e. ADI		11103.	
OSP JNE Ctar uld	220	BURIAL, CREMATION 23b. D	ATE .	TOS NAME OF	CEMETERY OR CREMATORY	234 1004	TION (City or Town)	(County) (State)
TO HOSPITAL Page 4 may TO FUNERAL director, pag	1	REMOVAL (Specify)	177/6 -	1. * €	CENTER OR EXEMPTOR	12 %	· Hiller Co	L' Car
VR A15 (4) 30M REV, 1/68	24.	FUNERAL DIRECTOR	011	ADDRESS	no 1	250. REC'D BY REGISTRAR	286. REGISTRAR'S	
JUM KEY, 1/68		(widesty t-unite	Home	NNINAPOLIS	110	MAY 5 191	J Freeze	of husby



1		04912	DIVISION	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH					04906		
eath.		ECEASED-NAME First Type or print) PERC		Middle WILLIAM		lost DLIVER		DATE OF DEATH April Month 23 Doy		26. HOUR 0815 Am	
a light of	3 5	EX	4. RACE			S. DATE OF BI		6 AGE (In years igst birthday)	1F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS	
Page	<u> </u> _	Male		gro	16 May 1919			/ TKS.			
4 hou	(Gr)	BIRTHPLACE (State or foreign ntry) Virginia		76 CITIZEN OF WHAT COUNTRY? USA		8 MARRIED XNEVER MARRIED WIDOWED DIVORCED		UNTY OF DEATH		14.1	
within 2		Ft. Meade	,	11 NAME OF HOSPITAL OR IN: give street address) Kimbrough	ArmyHos	ot in haspital	120 USUAL OCC	UPATION (Kind of work done working life, even if retired)	126, KIND OF	BUSINESS OR RMY	
complete carl	13o. adm	USUAL RESIDENCE (Where deceasissan) STATE Md	sed lived, if i 13b COU	nstitution Residence before	3c (ITY OR Baltir	TOWN	AE2 WO	13e STREET AND NUMBER 2418 Loyola	North W	ay	
and only only	14.	FATHER'S NAME First	Ma	idie cost	15	MOTHER'S MA	UDEN NAME First	Middle		Last	
be nor		Albert		Tolive	r	Minn	nie		Ja	cobs	
tificate hysiciar n pleas vat, onc	160	WAS DECEASED EVER IN U.S. ARM	MED FORCES? yor or dates of serv 1959	166 SOCIAL SECURITY I	VO 17. II	NFORMANT	oliver (w	Address ife) Same			
ith cer ding p t. The remo		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	D BY:	Unda		Disass	3		APPROXI. BETWEEN C	MATE INTERVAL NSET AND DEATH	
offen offen on, or		PART I. DEATH WAS CAUSE (a) Hodgkin's Disease 2.0/X DUE TO, OR AS A CONSEQUENCE OF 9 months									
hat the. n. y the onsit		Canditians, if any, which gave rise to immediate couse (a),	(b	OR AS A CONSEQUENCE OF							
ires thy ysicion produced by indi-tra		lost. (c)									
required phong by the property to but	22	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death be retained by the hospital or attending physicion. JIRECTOR: After this certificate has been signed by the offending physician and campletely filled in by the timestal should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Andrew with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after certain the State Dept.	CERTIFICATION			OR WHICH OPERATION WAS PE	RFORMED	200 AUTOI YES 🔀	PSY?	20b IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CI	RTIFYING	
ICIAN: pital or rrificote d for u of Heal	MEDICAL CE	21g ACCIDENT WAS UNDERLYIN ☐ OR CONTR BUTING ☐ CAUSE OF DEAT (If either, notify medical examil	H HOUR	P.M. 19	,			e of injury in Part 1 or Part 2, I	tem 18.)		
b PHYS he hos this ce detuche bept.		at work of wark		URY (AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC			,,,	City ar Tawn	County	State	
NDING ed by f : After Id be d		22a. I certify that (#) (this haspital) attended the deceased from # Jun , 19 ⁵⁹ , ta 23 Apr , 19 ⁵⁹ , that (#) (we) last saw the deceased alive on 23 Apr 19 69, and that in (MY) (aur) apinion death accurred on the date and hour and from the causes stated abave, (I) (MP) (did) (diatam) yew the bady after death.									
RECTOR 3 should with t	\times	22b SIGNATURE	(, (1) (MB) (ald) rate and view the	,///	ATTENDIN		221	DATE SIGNED	. 10	
PITAL O moy be RAL DII		22d PYYSICIAN'S NAME (Type)	7//	Rothschild. M	DEGRE	22e ADDI	RESS	Army Hospital	5 47 Ft.	Meade	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page should be tiled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours	3	BUR AL (REMATION, 23b Ap	pare ril 2	28 169 Arline	cemetery or c	(REMATORY lationa	23d	LOCATION (City or Town) Arlington. Va.	(Caunty)	(State)	
VR A15 (4) 45M - 1/69		funeral director Howard lome of Harry W		y Funeradoress	Ellico Maryla	tt Cit	YSa REC'D BY REG	STRAR 25h, REG STRARS	SIGNATURE		





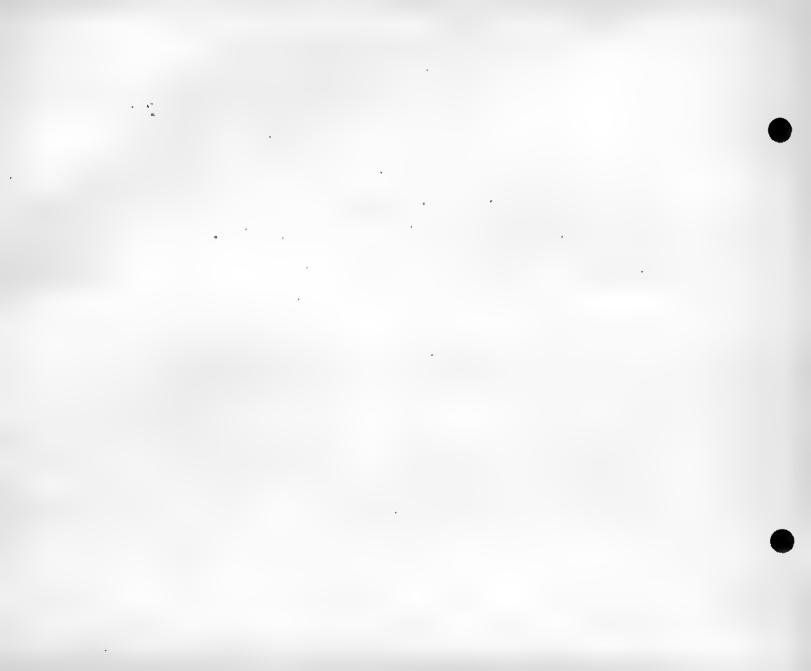
MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04908 04914 CERTIFICATE OF DEATH Lost I. DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR be executed within 24 hours after death (Type or print) 001 UC Apri. 3. SEX RACE S DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS DAYS lost birthdoy) HOURS female canc. Oct. 15, 1880 7o. BIRTHPLACE (Stote or foreign eose remove carbon papers. P and in ony event, within 72 hou 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) .⊆ USA WIDOWED T DIVORCED [Anne Arundel Maryland completely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospito) 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of working life, even if refired) INDUSTRY Anna no lis own home Anne Arundel General 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER STATE Maryland 13b. COUNTY YES 📮 NO T Anne Arundel Annapelis 124 N. Wood lawn Ave 14 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle George Aisquith Ireland Marv 160. WAS DECEASED EVER IN I. S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT NAddwoodlawn Ave. Yes, no, or unknown) (If yes give war or dates of service) Annapolis Md eg g burial, cremotion, or removal, ne 1B. CAUSE OF DEATH (Enter only one couse per line to (a), (b), ond (c),
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (o) GETWEEN ONSET AND DEATH The low requires that the death permit. DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-tronsit p Conditions, if any, which gove) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior to DIRECTOR: After this certificate hos been CERTIFICATION 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES [NO [nse director, page 3 should be detached for use should be filed with the Stote Dept. of Health 21a, ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING | CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Nat while of work 22a. I certify that (I) (this haspital) attended the deceased from 4/1 saw the deceased alive an 1964, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (I) (we) (did) (did not) view the body after death. saw the deceased alive an_ 226 SIGNIVINE 22c DAJE SIGNED ATTENDING PHYS. DIRECTOR PHYSICIAN'S 22e. ADDRESS TO FUNERAL NAME (Type) 230 BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (State) April 19.1969 Hepe Chapel Cemetery Edgewater Md. Hopping 2So. REC'D BY REGISTRAR 25b. REGISTRARS S GNATURE Charles VR A15 HOPPING FUNERAL HOME - Annapolis, Md/ 30M REV.



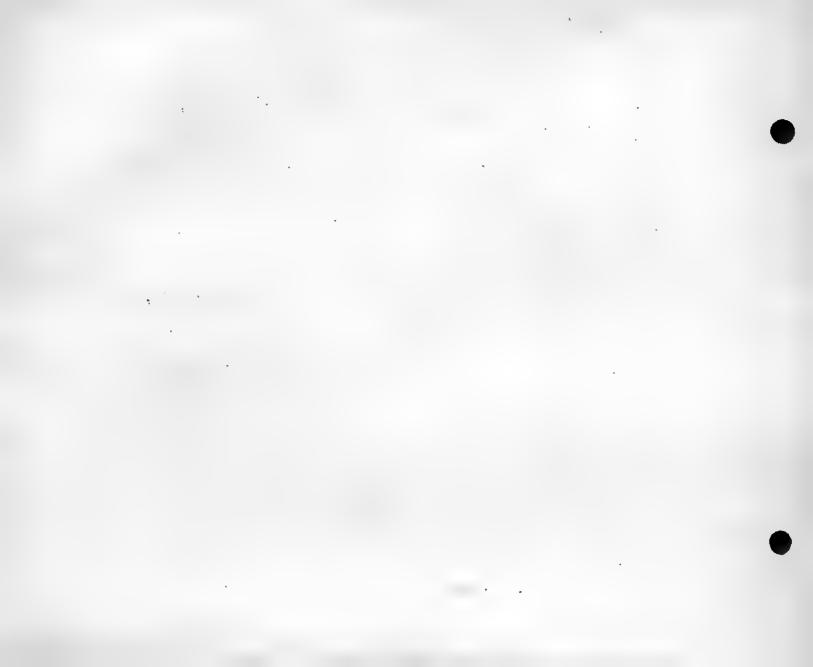
1 -	. 1		04915	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STR			4) 6	
X	•	It	em6 FilmG411 4/1	17/69 kk	CERTIFICATE OF I	DEATH		049	B &
11	eath.		CEASED-NAME First ype or print)	Middle	Lost	2o DA	TE OF DEATH 1100V	6g,	2b. HOUR
	deat		ALONZO		ILL		- 40-	310 S	7; 350 M
	executed within 24 hours after death and completely filled in the the in eral endove corbon papers. Poper I and 2 any event, within 72 how some death	3 25	X MALE	4. RACE WHITE	S DATE OF BIR 5-10		6 AGE (In years last birthday) 63 GW YRS.	MONTHS DAYS	HOURS MIN.
	rs. P.	7a E		76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARR		Y OF DEATH / NE ARUNDEL CO).	
	1 24 Illed paper in 7	10. 0	ITY OR YOWN OF DEATH	U.S.	NSTITUTION (If not in haspital		TION (Kind of work done	12b KIND OF B	Md. JUSINESS OR
	withir bon g bon g with		GLEN BURNIE	give street address)	RTH ARUNDEL		king life, even if retired.)	C1V11	Servic
	physicion. physicion. signed by the attending physician and completely filled in the burial-transit permit. Then please remove carbon papers. burial, cremation, or remayal, and in any event, within 72 ho		USLAL RESIDENCE (Where deceased ission) STATE Maryland	d lived, if institution: Residence before	Severn		e street and number THOMPSON AVE.	Saver	ń"E
	d d d	14. F	ATHER'S NAME First	Middle Last	15. MOTHER'S MAI	IDEN NAME First	Middle		Lost
	高 事 注 /		Samuel	Tull		Adelia	Oishroom		
	al Section	16a. Y	WAS DECEASED EVER IN U.S. ARMEI	r or dates of copyrel			Address		
	phy:		no	220-44-0'		W. Tull -	Wife	APPROXIM	ATE INTERVAL
	he deoth certific tattending phys permit. Then ion, or remavol,		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATI	ane cause per line for (a) (b), and (man Alasa	laid ZH	elin	BETWEEN ON	SET AND DEATH
	deor ftenc rmit r, or		IAMEDIATI	DUE TO, OR AS A CONSEQUENCE OF	- Sylvan	10		mm	W17_
	the d		Canditians, if any; which gave)	A) CALLAN	TOMUTCH	1 HEST	Histare	1-5	yhs.
	hat n. yy th onsi		rise to immediate cause (a), (stating the underlying cause(DUE TO, OR AS A CONSEQUENCE O	F				1
	res l sicio led l ial-tr		lost.	(c)		 			
	requires that the deoth certificate g physicion. signed by the attending physician burial-transit permit. Then pleas o burial, cremation, or remavol, and		PART 2 OTHER SIGNIFICANT COND	ORTIONS CONTRIBLTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	. DISEASE OR CONDITION	GIVEN IN PART 1(o)		
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be deflached far use os the burial-transhould be filed with the State Dept of Health prior to burial, and the should be filed with the State Dept of Health prior to burial, and the state of the burial of the state of Health prior to burial, and the state of the state of Health prior to burial, and the state of the state of Health prior to burial, and the state of the	CERTIFICAT ON	19a. DATE OF OPERATION 19b. CC	ONDITION FOR WHICH OPERATION WAS I			Ob. IF YES, WERE FINDINGS CO AUSES OF DEATH?	ONSIDERED IN CE	RTIFYING
	e hy se hy s	ERTI	21g. ACCIDENT WAS UNDERLYING	21b TIME OF INJURY	YES T	LPRED (fenter nature of	finjury in Part 1 or Part 2, 1	tem 1R1	
	ccian option of far of He	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOLR A.M. Month Day Yes	r 19	Course	1 May 0. 1 Mil 1 M. 1 M. 2017 2, 1		
	TENDING PHYSICIAN: ined by the hospitol or DR: After this certificate bold be defached for the State Dept of Hea	¥	AAT JUG TAND WINDE	PLACE OF INJURY (AT HOME, FARM STREET, OFF CE BUILDING, ETC.	ACTORY.) 21f LOCATION Street	t ar R.F.D No	City or Town	Caunty	State
	VG V the er the ote [at work of work 22a certify that (i) (this	haspital) attended the decea	sed from	1968 to	19	, that	(1) (we) last
	NDI d by d by d by	L	sow the deceased ali	ve an	_19,🚅 , and that in (my	y) (aur) apınıan de	ath accorred on the dat		ind fram the
	TTE Taine To No.		causes stated above,	(I) (we) (did) (did not) view th	e body after deoth		226 [ATE SIGNED	
	OR De rei		A SIGNATURE AND CO	Millet.	DEGREE PHYS	MED DIRECTOR	D STAFF D 4	-11-	64
	Al o		22d. PHYSICIAN'S		22e. ADDI	RESS			/
	SPIT 4 m 4 m 1ERA 10r, 1		NAME (Type)						
	O HOSPITAL Poge 4 may O FUNERAL I director, pog should be fill	23a	BURIAL, CREMATION, 23b. DA	ATE 23c NAME O	F CEMETERY OR CREMATORY 1 Haven Memor		CATION (City or Town) len Burnie, M	(Caunty)	(State)
	F F	24	Aurial 4/.	15/69 Gle al Hame/Glen ADDRE	S . I I TENDI	25a. REC D BY REGISTI	AR 2Sb. REG-STRAR S	SIGNATURE	
	VR A15 (4) A 30M REV. 1 A 8	3:			rnie,Md.		1969 Killian	my Jacoby	P.
	191	1	Robert P.	hare					

. V

11	۱,	DIVISION OF VITAL RECORDS, 30	OF W. PRESTON STREET, BALT	IEALIH IMORE, MARYLAND 21201
	I.	teml3 FilmG412 5/5/69 kk CE	RTIFICATE OF DEATH	
death, reial and 2 death.		DECEASED-NAME First Middle Type or print) Success	Lost	26. DATE OF DEATH 2b. HOUR
funeral funeral fond fer death		Susan	Voss	Month Doy Yeor 4 25 69 9:30a M
after the fu	3. 5	C+ 144 WW /2	S. DATE OF BIRTH 9- 2	3-89 6. AGE (In years IF JNDER 1 YEAR F UNDER 24 HRS. last_buthday MONTHS DAYS HOURS MIN
g Z	70	Female White BIRIHPLACE (Stote or Egregon 7b. CITIZEN OF WHAT COUNTRY? 8.	\$ 4-30170	70 75 76
A GOE	con	ntry)	WINDOWS IT - OF STATE OF	9 COUNTY OF DEATH
in 24 iilled pape hin 7	10. (US CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTIT	WIDOWED TO PROPERTY 120 USIN	AnneArundel Md.
ecuted within 24 completely filled ove carbon page yevent, within A		Crownsville Crownsville St	ate Hospital	at OCCUPATION (Kind of work dane after of working life, even if settled)
plet carl	13a adm	USUAL RESIDENCE (Where deceased lived, if institution. Residence before 113	C CITY OR TOWN 38 INSIDE CITY LI	M.TS? 13e STREET AND ALMBER
in sector		Maryland unknown/ A.A.	evarn Park YES NO	- INDECTIONS STORES DETAILS
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death, se retained by the haspital ar attending physician. **NIRECTOR:* After this certificate has been signed by the attending physician and completely filled in the funcial e. 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers agent and 2 sed with the State Dept. af Health priar to burial, cremation, ar remayal, and in any event, within Attended death.	14	FATHER'S NAME JAMES Model Mc Ouile	IS. MOTHER'S MAIDEN NAME FI	Middie MA A POLA
and	16c	WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) A littless give war or agree of service)	17. INFORMANT	Address
phys en p		unknown unknown	Hospital Recor	ds, Crownsville, Maryland
ing ing Three		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
deat tend mit.		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I DEATH WAS CAUSED BY:	nopla	
the e at pear		Conditions, if ony, which gave)	(D) /	n heek
hat n. yy th ansi		rise to immediate cause (a), (b)	re (1) grun	1 reco
OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by je 3 shauld be detached far use as the burial-trared with the State Dept. af Health priar ta burial, cree		last (c) 17.5.0:	D.	
requ g phy sign b bur		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT F	RELATED TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART I(a)
law ndin beeu s the	MOII	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFO	RMED 20o. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The atternation has hor hor	CERTIFICATION	The second secon	YES NO P	CAUSES OF DEATH?
IN: I ar ar us lealt		210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURYPOSSIBLE	21c HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2, Item IB.)
Pita Pita of E	MEDICAL	[III either, notify medical examiner] /P/M/ / / 1900	d No accident	report done(Pain in hip)
HYS has is ce ache	差	21d. INJURY OCCURRED Wh'ie Not while Crownsyille State Of work	(1) 21f. LOCATION Street or R.F.D. No.	City or Town County State
the Date of the Date Date Date Date Date Date Date Dat			Hospital (Crownsville A.A. Md.
Affre Stree Stree		220. I certify that (I) (this haspital) attended the deceased saw the deceased alive an 4/25 19.6 causes stated abaye. (**) (did) (did nat) view the bac	from 3/8 , 19 6	19, to 4/25, 19,69, that (I) (we) last
R ATTENE retained RECTOR: A 3 shauld with the			ly after death.	Natural causes
RECI With With With With With With With With		22b SIGNATURE	DEGREE PHYS ME	
AL O		22d. PHYSICIAN'S		RECTOR 1 PHYS 1 4/25/69
SPIT, 4 mo 4 mo 1 mo 1 mo 1 mo 1 mo 1 mo 1 mo 1 mo 1		MAME (Type) Alberto Gonzalez, M.D.	Crownsville	State Hospital, Maryland
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be defached far use as the shauld be filed with the State Dept. af Health priar ta	230	BURIAL REMATION, 23b. DATE 23c NAME OF CEM	ETERMOR CREMATORY	23d LOLAT ON (stafer Tawn) & (County) (State)
	24	DOMERA, DIRECTOR	Cool Cew.	REGISTRAR 250 REGISTRAR'S SIGNALURE
VR A15 (4) 45M - 1/69	1	obert & Garranco Severna	1/4) ARR 2 9	



1		04917	DIVISION OF	VITAL RECORDS	, 301 W. PI	RESTON STREET, BAI	LTIMORE, M.	ARYLAND 2120	0491	
	_	rentero liking			CEKTIFIC	ATE OF DEATH				
ath.	1 0	ECEASED-NAME Fir: Type or print)		Middle		Last	2a. DATE (Month Month	Day Year	2b. HOUR
dear		<u>C1</u>	arence		Wa	1ker		4	^D 20 69'	9:00p
	3 S	EX	4. RACE			5. DATE OF BIRTH		6 AGE (In years last bightay)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
Poges urs off		lale		White		· 6/13/9 5	<u></u>	77	RS.	1100st2 Wild
by by	70.	BIRTHPLACE (State or foreign	76 CITIZEN OF W	HAT COUNTRY?	8 MARRIED	NEVER MARRIED	9. COUNTY O	OF DEATH		
d in Pers. 72 h	. 1	BIRTHPLACE (State or foreign http://EMPORING	US		WIDOWED (DIVORCED 🔀	Anne	Arunde1		Md
in in the second	10	ITY OR TOWN OF DEATH	11 N	IAME OF HOSPITAL OR II	ISTITUTION (If no	at in haspital	UAS DECUPAÇÃO	IN (WESDOWERS)	12b. KIND OF	BUSINESS OR
be executed within 24 haur and campletely filled in by e remaye carban papers. P in any event, within 72 haur		Crownsville	give	street address) crowns ville	a State	Hospital	mast of keetle		IMPHSTRY JOUN.	DRY
d v	130.	USUAL RESIDENCE (Where dece	osed lived, if institu	tian-Residence befare	13c. CITY OR	TOWN 13d INSIDE CO	Limits? 13e.	STREET AND NUMBER		
cute bind ve eve	aam N	ission) STATE [arvland	V3b COUNTY Balto	-	BAlto	YES Y	NO 4	4 Alberma	rle	
exe	14	ATHERS NAME FISH	5 Middle	lept	15	. MOTHER'S MAIDEN NAME		Middle		Lost
be an	1	SENJAMIN unlen	JAN,	RUN WA	LKSR	TULLIE	unlen	aun-	HUE	BARD
eass and		WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b SOCIAL SECURITY	NO 17 II	NFORMANT	(DETECT)	Addres		70 1110
18 / S / S / S / S / S / S / S / S / S /	1	05, 110, 01 011111011111	wor, or dules of service]	225-12-1	1344 H	ospital Rec	ords. C	rownsvill	e Marylan	d
equires that the death certificate be exphysician. signed by the attending physician and burial-transit permit. Then please remburial, crematian, ar remayal, and in an		B. CAUSE OF DEATH (Enter	only one couse per l			4 P a	//		ADEDAY	ATC MATCHAIR
# # . E	1	PART I DEATH WAS CAUS	ED BY.	MUNIT	AAC	liabot	71 KM	11/11/11	BETWEEN OI	ISET AND DEATH
dea rmi r, ar		,	NATE CAUSE (a)			Jan J	- 71 0	- Cul	7	
he e al		Canditions, if any, which gave	DUE TO, OR	AS A PONSEQUENCE OF	entle à	de la 160	Valo	6		
at 1 main and 1		rise to immediate cause (a)	(b)	TOWN	Lucye	e mu	MIGHT	ucon	7	
tri by tra		stating the underlying coust	DUE TO, OR	AS TONSPOUENCE OF	WIN	ne bu	nfun	00.00		
ysic ped rial	ı		, (c)	1,000	00007		70072	eline		
PHYSICIAN: The law requires that the deather hospital ar attending physician. his certificate has been signed by the attending stached for use as the burial-transit permit. Dept. af Health priar ta burial, crematian, ar re		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBL	JTING, TO DEATH BUT I	NOT RELATED TO	THE TERMINAL DISEASE O	RCONDITION GI	VEN IN PART I(e)		
law rending been s the iarta	8	suu	0-10	new	120	- Cola		<u> </u>		
e for tend tend as base as	CERTIFICATION	19a. DATE OF OPERATION 19	b. CONDITION FOR WI	HICH OPERATION WAS P	ERFORMED	20a AUTOPSY?	CALIC	IF YES, WERE FINDIN SES OF DEATH?	GS CONSIDERED IN CE	RTIFYING
The har the X						YES NO	_			
cate or lea		21g ACCIDENT WAS UNDERLY			21c HC	W INJURY OCCURRED (En	iter nature af in	jury in Part 1 or Par	t 2, Item 18.)	
Tight file	MEDICAL	☐ OR CONTRIBUTING ☐ CAUSE OF DI fif either, notify medicol exor	niner) P.M		9					
hoss ce	≋	21d INJURY OCCURRED 21	e. PŁACE OF INJURY	(AT HOME FARM STREET F) OFF CE BJILDING, ETC.	CTORY.) 21f LO	CATION Street or R.F.D	Na. Ci	ty or Town	County	Stote
the this e D e		at work at work								
OR ATTENDING be retained by the SIRECTOR: After e 3 shauld be ded with the State		22a. I certify that (1) (1 saw the deceased causes stated abo	his haspital) att	ended the deceas	ed from 4	/18	_69_, ta_	4/20	19 <u>69</u> , that	(I) (we) last
ed led led led led led led led led led l	1	saw the deceased	alive an	(-1;-1	19 09, and	d that in (my) (aur) a	pinian death	accurred an the	e date and haur (and fram the
Tie Sort		22b FIGNITURE	re, (1) (we) (ala)	(ala har) view ine	bady after a	leath.			22c DATE SIGNED	
S S S S S S S S S S S S S S S S S S S		20 10 11	's milet	DAILE.	UL- P	ATTENDING	MED. DIRECTOR	CTAFE	4/21/69	
		22d. PHYSICIAN'S	NE VI	1 July	DEGK	22e. ADDRESS	DIRECTOR LX	PHYS.	4/21/09	
May RAIL Po			100 P W	enter, M.D	,	Crownsvi	lle Sta	te Hospit	al, Maryl	and
NE A	-									
Page 4 may be retained by the hospital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached for use as the bunal-transit permit. Then please remave carban papers. Page should be filled with the State Dept. af Health priar ta burial, cremation, ar remaval, and in any event, within 72 haurs	Z30	BURIAL CREMATION, 23b	DATE	23C NAME OF	CEMETERY OR	CKEMATUKT	230 10(A	TION (City or Town)	(County)	(Sfate)
5 5	24	FUNDRAL DIRECTOR ()	707707	Annorce	-KED	2So REC D	BY REGISTRAR	25h PECISTO	ARS SIGNATURE	u.
VR A15 (4) 45M - 1/69	Ä	V MANTA	Shar (1)	1	MA	PAPR	2 3 19	59 TEL	relas Judg	
43M - 1/89		m 11 410/10	Am Cun	mesons!	100	DATE 13	20 10		The American	



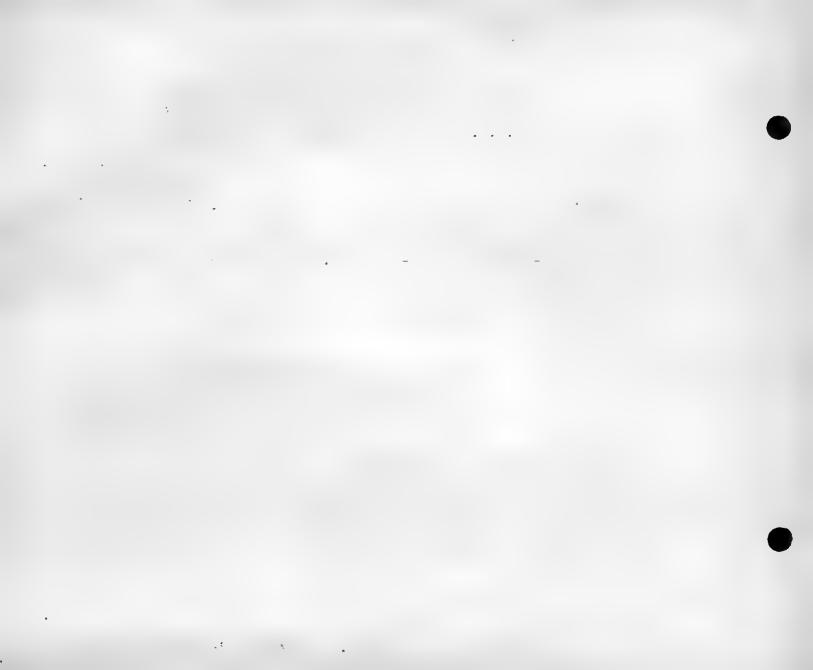




	ı	MARYLAND STATE DEPARTMENT OF HEALTH	
15-00 0		DESIGN OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	04914
FOR STATE	_	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04019
HEALTH DEPT.		ECEASED NAME First Middle Losty Type or Print) And The Company Month Type or Print)	Doy Year 26 HOUR
of of o	L_'	DEATH MATED 4	14 184 7 M
any delay s 2, and 3 to n PM3. Page	3 5	EX 4 RACE S. DATE OF, BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 20 DATE PRONOUNCED DEAD Months DAYS HOURS MIN. Month Doy 15	Year 474 2d HOUR
eath any lith farm PA	7o cour	BIRTHPLACE (Stole or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	12 As
fa fa fa	10.		Md
hours after death. Item 18. Give Pages 1, Office along with farm 1 and 2 with the State of	2	TITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done dury global of working life even if retired)	126 KIND OF BUSINESS OR INDUSTRY
haurs after de tem 18. Give F Office along w and 2 with the ifter death.		USUAL RESIDENCE (Where deceased lived, f institution Residence before 13c CITY OR TOWN 3d NS DECTIVALIMITS? 13B STREET AND NUMBER dmission) STATE 13b. COUNTY 4 PROPERTY OF THE PROPERTY OF TH	1.0 fa
haurs Item 19 Office 1 and 2	14.1	ATHER'S NAME First Middle Lost Is. MOTHER'S MAIDEN NAME First Middle	Lost
	160	WAS DECEASED EVER IN 05 JARMED FORCES? 1166 SOCIAL SECURITY NO 17 INFORMANT OF ADDRESS	my
Muthin 24 Frommer's Frie pages 72 Hours		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (if yes give more or dates of universal 1/42 23/56 Belly Whele - a	80roe
		18 CAUSE OF DEATH (Enter on y one couse per line for (0), (b) 'ond (c).)	BETWEEN ONSET AND DEATH
be executed "pending" in nief Medical E ansit permit. F event w thin		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Claybyyi	
Me Me		DUE TO, OR AS A CONSEQUENCE OF	readen
be exe "pendi nef Me ansit pe event		Conditions, if ony, which gove	-cen
田屋 古 社 全		rise to immediate cause (a), Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
MINER: This certificate should be executed the cert ficate, writing the word "pending" at should be farwarded to the Chief Medical ur files. Je 3 should be used as a burial-transit permit smothan, ar removal, and in any event with the standard of the st		lost.	
the street the street s		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)	
ing ded ded as	,		
certif writi arwar used maval	1	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
his of the far his of	CERTIFICATION	WAS PERFORMED?	YES NO YES
The The de be de be	£	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, It	em 18)
INER: Tree cert frages should be files. 3 should a should	MEDICAL	PRIMARY OR CONTRIBUTING HOUR AM CAUSE OF DEATH P.M. 4-14 19 49	
INER. Shaul shaul files.	WE O	21d. NJLRY OCCURRED 21e PLACE OF N.LRY (At home, form, street, 21f. LOCATION Street or R.F.D. No City or Town	County State
DEPUTY COICAL EXAMINER: scessary, please execute the cert is funeral director. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should prior to buriof, cremation,		WHILE AT WORK	ACH HO
il EXA cecute Page far yau 98:Pag		22a certify that Ltpak charge of the remains described above, held on Autopsy Inspection Inquiry	and in my apinian
Jense ex director. etained t DIRECTO		death resulted from Notara causes , Accident , Suicide , Homicide , Undetermined manner	
please e l directar retained DIRECT		CHIEF MEDICAL EXAMINER	
30 . D 12 . C		SIGNATURE . M.D. ASSISTANT MEDICAL EXAMINER . 226 DATE	SIGNED
ary, neral be pri		EXAMINER'S DEPUTY MEDICAL EXAMINER 4-14	1-67
O DEPUTY necessary, if the funeral 5 may be n 6 FUNERAL Health prid		NAME (Type) Lin fine (Type) ADDRESS(Street city, town or county)	ACO.
0 5 4 2 D H	230	BURIAL (REMATION, 23b DATE 23c NAMY OF EMETERY OF CREMATORY) 23d KORAT ON (Gry Town)	(Coopy) (Stote)
	21	TOP RAL DIRECTOR 250 REGISTRAR 250 REG STRARS	
VR A15ME (\$)	1		mes Judge
By down		The state of the s	



- 12	Items 586 Film G411 MARYLAND STATE DEPARTMENT OF HEALTH
10	1/14/69 kk Division of Vital records, 301 W. Preston Street, Baltimore, Maryland 21201 (CERTIFICATE OF DEATH 049/5
2 82	DECEASED NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR?
r death. Uneral 1 and 2 r death.	(Type or print) Demoze]. A. Whites 4 Month 7 Day 69 Year 1:30 M
offer fundamental formatter	SEX Hema'e S DATE OF BIRTH 8-10-88 1889 6. AGE (In years IF UNDER YEAR IF UNDER 24 HRS. IF UNDER
A hour	o. BIRTHPLACE (State or foreign outling) 7b CITIZEN OF WHAT COUNTRY? U.S.A. 8. MARRIED NEVER MARRIED STORMAR APPLIED NEVER MARRIED
dampletely filled II over tayens of the carban papers Egge	Glen Burnie Stimame Of Hospital Or (If not in haspital during most of working life, even if retired) North Arundel None North Arundel North Arundel
cuted v amplete ve cark	30 USUAL RESIDENCE (Where deceased lived, if institution Residence before dission) STATE 136 COUNTY Anne Arundel Glen Burnie 186.
and and in any	4. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost (Arlauskas) UNKNOWN
ifficate nyskian pleas	60. WAS DECEASED EVER IN U.S. ARMED FORCES? YOUND OF UNKNOWN) (If yes give word dotes of service) 166. SOCIAL SECURITY NO 17 INFORMANT Address 370-26-3741 Mrs. Olga Gloser(Daughter)
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, be retained by the hospital ar attending physician. DIRECTOR: After this certificate has been signed by the attending physician and lampletely filled in a certificate has been signed by the attending physician and lampletely filled in a second law in the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.	18 CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) PRODUMATE INTERVAL BETWEEN DISET AND DEATH
the de ne atter it perm ation, o	Conditions, if any, which gave
rs that ician. d by th I-transi	nise to immediate cause (a). stating the underlying cause (c) last (c)
require g phys n signe e buria a buria	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
the law resulted in the la	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 1216. HOW INJURY OCCURRED. (Enter nature of injury in Part 2, Item 18.1)
JAN: Tral ar care branch for use for u	
PHYSIC e hospi nis cert rtached Dept. o	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f, LOCATION Street or R.F.D. No. City or Town County State While Not while 1 Not while
DING a by th After th d be de e State	220. I certify that (I) (this haspital) attended the deceased from 1/15/19 to 1/16/19 that (I) (we) los
ATTEN refame refame ECTOR: should with the	gauses stoked obave (I) (we) (did) (did not) view the bady ofter death. 226 SIGNATURE 220 DATE SIGNED 220 DATE SIGNED
IAL OR nay be AL DIR page 3 e filed	22d Arrys (JAMS) NAME (Hype) 22d April (Hype)
Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to	3a BURANCREMATON 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
F - E	
VR A15 (4) 30M REV 1/68	ADDRESS SINGLETOR Politification ADDRESS ADDRESS DAAPR 9 1969 Clean Burnie, Md.



1		emb FilmGtil MARYLAND STATE DEPARTMENT OF HEALTH Item6 FilmGtil2 5	/2/69 kk
HOD STATE	14/	14/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Ttem2 Fi	- ' '
FOR STATE HEALTH DEPT.	1 01	04922 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 20 DATE KNOWNER Month	04916
MEALIN DEFI.		(Type or Print) OF EST.	Day Year 2b. HOUR
à X E X	3. SE	DERN MATER L.	6 1969 M
de d	Ma	ale White Dec. 20 121 45 Jures Months DAYS HOURS MAIN April Day's	Year 69
E Z E Z S	7a. E	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
form form		11d to the time of time of the time of time of the time of tim	Mo
after death any 8. Give Pages IV 2 aglang with form with the State Department.	1		12b kind of Business or INDUSTRY COntractor
Give ang th th	13a	USUAL RESIDENCE (Where deceased fived, finishitution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	OOLGIACTOL
	ge	Idmussion) STATE Maryland 13b COUNT Anne Arundel Annapolis YES NO K Route 2, Box 3	, Duvall Lane
hours trem 1 Office ofrer	14 F	FATHER'S NAME First Middle Last IS, MOTHER'S MAIDEN NAME First Middle	Last
24 I		George H. Wilkinson Mary E. Wilkinson	
NER: This certificate shauld be executed within 24 haurs after death certificate, writing the word "pending" in penci in Item 18. Give Pages hauld be forwarded to the Chief Medical Examiner's Office along with foi iles. Should be used as a burial-transit permit File pages land 2 with the State stian, ar remayal, and in any event within 72 haurs after death.		WAS DECEASED EVER IN U.S. ARMED FORCES? (16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS 216-18-5267 Samuel L. Wilkinson Jr. S	Same as 13e
shauld be executed wil te word "pending" in pe ia the Chief Medical Exar burial-transit permit File I in any event within 72		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Stabwound of left thorax	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ling' ling' edice ermi		• IMMIDIATE CAUSE (0)	
pend pend if M sit p	П	Canditions, If any, which gove)	
d bi Chie Pran		rise to immediate cause (a), (D)	
wool the rial-		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
the side to do to a bu		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	1
ifica ting ardec	2		
cert wri orwo nsed	CATIO	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
iNER: This certificate should be forwarded to files. 3 should be used as a batian, ar remaval, and	MEDICAL CERTIFICATION		YES NO 🗆
= 2	S IS	PRIMARY X OR CONTRIBUTING HOUR A.M.	m IE.)
= 0 × + W D	MED	21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, 21f, LOCATION Street or R.F.D. Na. City or Town	Caunty State
DICAL EXAMINER: see execute the certification. Page 4 should insed for your files. RECTOR: Page 3 should oburial, cremation,		WHILE NOT WHILE TO foctory, affice building, etc) Home Route 2 Box 3 Annapolis AnneA:	rundel Md.
:AL EXA execute or. Page of far yan TOR: Pag urial, cre		22a. I certify that I taak charge of the remains described above, held an Autapsy (XX); Inspection [], Inquiry	
e executor Page of tar. Page of	Ш	death resulted fram: Natural causes, Accident , Suicide , Hamicide XX, Undetermined manner [
please direction directions. DIRECTION OF THE CONTROL OF THE CONT		ACTUAL CHIEF MEDICAL EXAMINER C	
EPUTY DICA Essary, please ex- funeral directar. ay be retained JUERAL DIRECTO		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER LX 22b. DATES	
O DEPUTY DICAL EXAM necessary, please execute the funeral directar. Page 4 5 may be retained far yaur O FUNERAL DIRECTOR: Page Health priar to burial, crem		EXAMINER'S NAME (Type) Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER	6-69
necessa the fun 5 may 10 FUNE Health	23a	BUR AL CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town)	(County) (Stote)
		REMOVAL PORIL 8 69 Hillcrest Cemetery Annapolis	Md
		FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 256 REGISTRAR'S S	
VR A15ME (5)	Be	eall Funeral Home 121/ West it Anna Md DATAPR 9 1969 William	(B) Judge

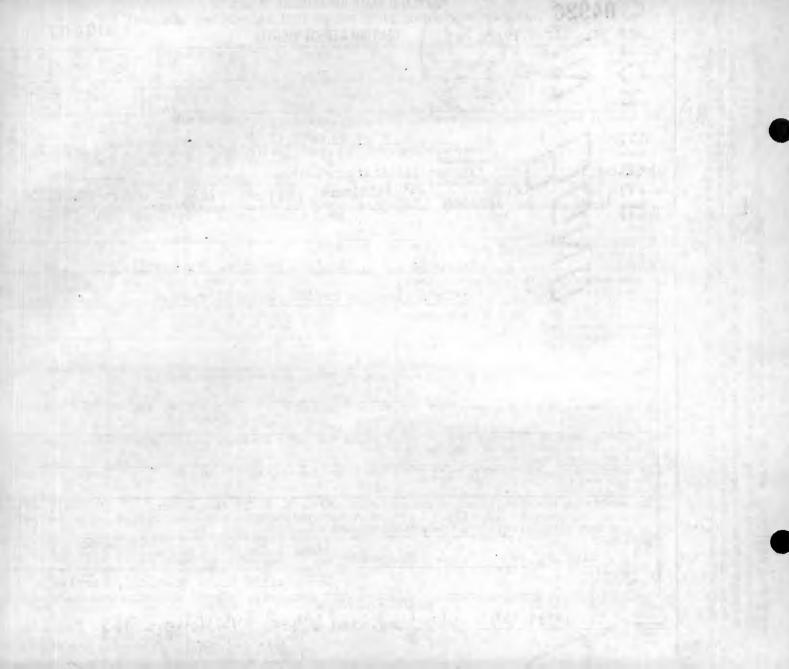


Dogin ?	0 7 0 0 -	DIVISION OF VITAL RECORDS	5, 301 W. PRESTON STREET, BA	LTIMORE, MARYLAND 21201	
•	04925		CERTIFICATE OF DEATH	MAKILAND 21201	06404
€ 775€	DECEASED NAME (Type or print)	rst Middle	Last	2a. DATE OF DEATH	2b. HOUR
death nexal fand death		<u> Jerr</u> v	Williams	Marth Day	8 69 10:30th
	3 SEX	4 RACE	S DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
S Salah Sa	Male	Negro	6/5/03	last birthday) 65 YRS.	MONTHS DAYS HOURS MIN
by by	70. BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
24 haurs after death death by the funeral pers. Pages of half 27 haur after death	country) North Carolina	US	WIDOWED DIVORCED	Anne Arundel	14.3
	10 CITY OR TOWN OF DEATH	23 NAME OF HOSPITAL OR I	NSTITUTION (If not in hornital 120 US	SUAL OCCUPATION (Kind of work dane	12b. KIND OF BUSINESS OR
requires that the death certificate be executed within 24 haurs plysician. In signed by the attending physician and campletely fined in by burial-transit permit. Then please remave carban papers. It is burial, crematian, ar remaval, and in any event, within 72 haurs burial, crematian, ar remaval.	<u>Crownsville</u>	give street address) / Crowns ville	State Hospital	mast of working life, even if retired)	INDUSTRY
red rent rent	130. USUAL RESIDENCE (Where dec	eosed lived, if institution. Residence before	13c CITY OR TOWN 13d. INSIDE CIT	THE STREET PRINT THOMBER	
ecut cam cam	odmission) STATE Maryland	Balto	Baltimore YES T	NO 605 W. Mulbe	erry
Pur le marie	14 FATHER'S NAME First	Middle Last	15 MOTHER'S MAIDEN NAME	First Middle	Lost
in a se l		Terry Willia		Ella	Davis
cate sicio olea , an	16a. WAS DECEASED EVER IN U.S. A Yes, na. ar unknown) [(II yes gr	ARMED FORCES? 16b SOCIAL SECURITY	Y NO. 17 INFORMANT	Address	
phy en g	unknown		2-31 Hospital Rec	ords, Crownsville,	Maryland
ng Thi	18. CAUSE OF DEATH (Enter	only one rouse per time for (a) (b) and (-			APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
eatl andi arr	PART I. DEATH WAS CAU IMME	DIATE CAUSE (a) Congestive 1	neart failure		
attu attu an,	Canditions, if any, which gov	DUE TO, OR AS A CONSEQUENCE O	F		
the site	Canditions, if any, which gov rise to immediate cause (a	(b) Arteriosc	erotic cardio vasc	ular disease.	
소 라마스	stating the underlying caus				
quires the payorican payorican signed by buriel-tra	last.	-) (c)			
plant in pla	PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART 1(o)	
law ndin lee	190. DATE OF OPERATION 19	b CONDITION FOR WHICH OPERATION WAS F	ERFORMED 20a, AUTOPSY?	lost is the turbs supplied of	
The law re attending has been se as the th priarta	190. DATE OF OPERATION IS	O CONDITION FOR WINEST OF ERANGIN WAS E		20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
er of the h	210. ACCIDENT WAS UNDERLY	YING 216. TIME OF INJURY		ter noture of injury in Part 1 or Port 2, i	
IAN: 1 tal or ficate far us f Healt	B ☐ OR CONTRIBUTING ☐ CAUSE OF D	EATH HOUR A.M. Month Day Yea	r e	ter noture of injury in Part 1 of Port 2, 1	Tem 18 }
rSic ampi	☐ OR CONTRIBUTING ☐ CAUSE OF D (If either, notify medical example) 21d. INJURY OCCURRED 21		19	l etc.	
ETTENDING PHYSICIAN: The law re retained by the hampital or attending ETTOR: After this certificate has lleen 3 should be detached far use as the with the State Dept. af Health priar ta	While Nat while at work	OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION Street or R.F.D. N	la. City ar Tawn	Caunty State
ING 3y t ter ter se o	22a, I certify that (I) (this haspital) attended the decea	sed fram. 12/11/68 19		9, that (I) (we) last
END ed l	saw the deceased	alive an	19_69, and that in (my) (our) a	pinion deoth accurred on the da	te and hour and from the
F F F F F F F F F F F F F F F F F F F	226 S SMATURE	ve, (I) (we) (did) (did not) view the	body after death.		
	1 111100	107/2011. 5	ATTENDING -	MED STAFF	DATE SIGNED
	22d PHYSICIAN S	K. Oury	DEGREE PHYS 22e. ADDRESS	DIRECTOR PHYS	4/29/ 6 9
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hampiral or THE FUNITAL DIPELTOR: After this certificate director, page 3 shauld be detached far u shauld be filed with the State Dept. af Healt	NAME (Type)			le State Hospital,	Maryland
HO.		DATE 23C NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
F		1.7-69 U.J.	und. Und. bahoo	Saltimore	Mid
VR ATS	24 FUNERAL DIRECTOR	ADDRIS	2So. REC D	1 2 1969 Line 1	SIGNATURE
45M 1789			DARETY	12 1969 yellant	and the state of t



_	1			D STATE DEPARTMENT OF		,
		04924	DIVISION OF VITAL RECORDS,	CERTIFICATE OF DEATI		04917
		CEASED NAME First ype or print)		Lost Lost	20 DATE OF DEATH Month Do	2b HOUR
		Willi		Williams, Sr.	4 5	69 7:1014
	3. 5		4 RACE	5. DATE OF BIRTH	6. AGE (In years lost birthday) / 2 . YRS.	FUNDER YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS Min.
	70	Me.le BIRTHPLACE (State or foreign	White 75. CITIZEN OF WHAT COUNTRY?	7-13-96	9. COUNTY OF DEATH	
1		itry)		8. MARRIED NEVER MARRIED DIVORCED DIVORCED		
	10.0	Md . TEY OR TOWN OF DEATH	USA III NAME OF HOSPITAL OR INS		Anne Arundel SUAL OCCUPATION (Kind of work done	12b, KIND OF BUSINESS OR
ď		len Burnie	give street oddress) North Ar	undel	most of working life, even if retired) retired—plumber	1NDUSTRY
-	odm	ission) STATE Where deced	osed lived, if institution. Residence before	Pasadena YES	NO 239 Harlem &	Creek Rds.
	14.	ATHER'S NAME First	Middle Lost	15. MOTHER 5 MAIDEN NAM		Lost
1	L.	Edwa	ard Williams		Unknown	
	160	WAS DECEASED EVER IN U.S. AR es, no occunknown) If you give	RMED FORCES? e war or dates of service) 16b. SOCIAL SECURITY N 2 12-10-92		iams Jr 228 Md A	Md 21122 ve Pasadena
	2	Conditions, if any, which gove use to .mmed.ote cause (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO	, (b)	OT RELATED TO THE TERMINAL DISEASE (DRECONDITION GIVEN IN PART 1(0)	ged
ľ	CERTIFICATION	190. DATE OF OPERATION 196	b. CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY? YES NO	20b IF YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
	MEDICAL CER	21o. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF DEA	EATH HOUR A.M. Month Doy Year		nter noture of intury in Port 1 or Port 2,	Item 18.)
	WE			TORY.) 21f. LOCATION Street or R F.D.	No City or Town	County State
		22a. I certify that (I) (the saw the deceased	this haspital) attended the decease alive on	9.67, and that in (my) (aur)	ppinian death occurred an the do	that (I) (We) last ate and hour and from the
		22b SIGNATURE	J souly .	DEGREE PHYS	MED. STAFF 22c.	PATE SIGNED
		22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS		
	230.			CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
	24	ELINEDAL DIDECTOR	2219104	Haven	A. A. County I	viar yland
1		Wm.	Cook-Brooks Wes	t Inc	9 1969 25 PERSTRAR	No house

1 Della			100 114926	DIVISIO	N OF VITAL RECOR	S. 301 W	PRESTON STREE	NI OF HEALI Et. Baltimori	n E, MARYLAND 21201		
Orall		I	tem130 FilmG41	2 5/19/	/69 kk	CERTII	ICATE OF D	EATH	-,	0640	17
deoth.	1	1. D	CEASED-NAME F	irst	Middle		Last	20. 1	DATE OF DEATH Month	Day V	2b. HOUR
\$ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	3	3. SI		Woods			H Joseph	h	4	28 69	6:10p
urs after by the fu	3	J. 31	-	4. RACE			S. DATE OF BIRTH		6. AGE (In years last birthday)	MONTHS CAYS	IF UNDER 24 HRS. HOURS MIN.
by the		70.1	Male BIRTHPLACE (State or foreign	7h CITIZEN	Negro Negro	2	189		74 (?)F	S.	
of Example		cour	unknown	10. (11251			8 MARRIED NEVER MARRIED 9. COUNTY WIDOWED 12 COUNTY				
hin 24 hour filled in by n paper?		10. 0	ITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OF	INSTITUTION	STITUTION (If not in hospital 12a, USUAL OCCUPAT		IPATION (Kind of work dan	Anne Arundel ON (Kind of work done 12b. KIND OF BUSINESS	
with ely bon	06		Crownsville		give street address) Crownsvil	le Sta	te Hospita	during most of w	rorking life, even if retired	.) INDUSTRY	20211000 011
The law requires that the deoth certificate be executed within 24 hours after deoth. oftending physician. has been signed by the attending physician and completely filled in by the furfical se os the burial-transit permit. Then please remove carbon papers, Pages I and 2 the priar to burial, cremation, or removal, and in any event, within 72 hour after death.	30	13a. admi	USUAL RESIDENCE (Where de- ssion) STATE	eased lived, if	institution: Residence befo	re 13c. CITY Balt	OR TOWN 13d.	INSIDE CITY LIMITS?	13e. STREET AND NUMBER 1234 McElde	rry St.	21205
exec no conv	11	14. [Maryland ATHER'S NAME First	Mi	tinkhovný iddle Los		15. MOTHER'S MAIDE	EN NAME First	unknown Middle		Last
on be	, ,	ij.	MAS presiden sign in the	unknown	Lu Garage				unknown		
ficat ysici plec		Y		AKMED FUKCES? Iva war or dates of ser	Pvice)	IYNO.	7. INFORMANT		Address		
certii phi hen		ui	1B. CAUSE OF DEATH (Enter	anly one very	unknown	7.1.1	Hospital	Records	Crownsvill		and MATE INTERVAL
ofh nding iff. T			PART I. DEATH WAS CA	JSED BY: EDIATE CAUSE (a	Artorios		ic cardio	vascular	r disease	BETWEEN C	DINSET AND DEATH
e de atte			4124	DUE TO	O, OR AS A CONSEQUENCE						
the the motification			Canditions, if any, which ga rise to immediate cause (c	ve) (t	b)						
s the			stating the underlying cau		D, OR AS A CONSEQUENCE	OF					
hysin hysin gne urial			PART 2. OTHER SIGNIFICANT	CONDITIONS COL	C)	NOT PELATER	TO THE TERMINAL OF	DITIONAL SASS	AN COVEN IN DADY 1/2)		
v requiring principle by to but		×		constrons <u>co</u>	TO DOMESTIC DO	NOT RECOILE	TO THE TERMINAL OF	SEASE OF COMPILIO	N OIVEN IN PART I(0)		
DING PHYSICIAN: The law re by the hospital or ottending ther this certificate has been be detached for use as the State Dept. of Hegith prior to	V	CERTIFICATION	19a. DATE OF OPERATION 1	9b. CONDITION F	OR WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY		20b. IF YES, WERE FINDING CAUSES OF DEATH?	CONSIDERED IN C	ERTIFYING
or or or the hings agith		CERTII	21a. ACCIDENT WAS UNDERL	YING TOLK	TIME OF INJURY	121,	HOW INTIDA OCCUBE	NO 🗍	of injury in Part 1 or Part	D (s 10.)	
CLAN ital iffica iffica if He		▼	OR CONTRIBUTING CAUSE OF	DEATH HOUR	R A.M. Month Day Ye	ar	TION HOOK! OCCUR	CCV (Emer nature	at injury in Part I of Part	Z, ITBIT 15.)	
OR ATTENDING PHYSICIAN: be retoined by the hospital or SIRECTOR: After this certificate e 3 should be detached for used with the State Dept. of Hegle		MED	21d INJURY OCCURRED 12	ie. PLACE OF IN	LIURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY,) 21f	LOCATION Street or	R.F.D. No.	City or Town	County	State
the detector			at wark at wark				- 4.				
DIN by Stole			22a. I certify that (I)	this hospital) ottended the dece	ased fram	8/21	, 19_40 ,	to4/28, eath accurred on the	9_ 69, that	(I) (we) las
OR: ould	-		canses stated ope	ove, (I) (we)	(did) (did not) view th	e body offe	er deoth.	(our) opinian a	earn accurred an the	date and hour	and from the
reference with with	,		22b. SIBNATURE	1. 11	Winto,	107	ATTENDING	MED.	STAFF 22	C DATE SIGNED	
y be y be			22d. PHYSICIAN'S	15/100	sure (VELY - DI	GREE PHYS.	DIRECTOR	PHYS.	4/29/6	
TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Poge 4 may be retained by the hospital or FO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Health			NAME (Type)				Crowns	ville St	ate Hospital	l, Maryla	ind
oge FUN		23a.		b. DATE (23 NAME	PF CEMETERY	OR CREMATORY	23d.	LOCATION (City or Town)	(County)	(State)
		24.	UNERAL DIRECTOR	5-7.6	ADDR	Med.	Mac John	DEC'D BY REGIST	TRAR 25b. REGISTRAI	A STITLE STORY	
VR A15 45M - 1	0 83	- /-				3-	DA	MAY 12	1969	S SIGNATURE	42 :
	13						1 0			- // 1	,



04925 a b b a a a a a a a a a a diplot gold but The state of the s chart - - - - - - - - - - - - (tarrette (itservise) A THE DIRECT TO A PROPERTY OF STREET AND STREET AND STREET usu_pulian_i THE RESERVE OF THE PARTY OF THE AND THE STATE OF 12 Ph. I